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# Emergency appeal operation update

## Haiti: Earthquake Recovery

 International Federation  
of Red Cross and Red Crescent Societies

### Emergency appeal n° MDRHT008 GLIDE n° EQ-2010-000009-HTI Operation update n° 31 01 August 2012

**Period covered by this Operations Update:** January 2012 to March 2012.

**Appeal target (current):** The overall budget is 282,102,385 Swiss francs including the Emergency Response Units (ERUs) value. The current appeal target without the ERUs value is 247,279,612 Swiss francs.

**Appeal coverage:** 93%;

[Click here to view the contact details and here to view the interim financial statement](#)

*IFRC is carrying out construction mapping activities in Delmas 30 neighbourhood. IFRC*



### Appeal History

Date	Activity
January 2010	Disaster Relief Emergency Fund (DREF): CHF 500,000 was initially allocated from the Federation's DREF to support the Haitian Red Cross (HRC) to respond
13 January 2010	A <a href="#">preliminary emergency appeal</a> for CHF 10.1m was launched to support the HRC to immediately deliver life-saving assistance to some 20,000 families for nine months
16 January 2010	A <a href="#">revised preliminary emergency appeal</a> with a revised budget of CHF 105.7m to assist up to 60,000 families for three years was issued
9 February 2010	<a href="#">Operations Update n° 5</a> was published, reflecting revised objectives for the six-month relief phase of the operation under the plan of action, as well as a revised budget of CHF 218.4m, of which CHF 2.07m was designated to support the IFRC's inter-agency coordination for the Shelter and Non-food items (NFI) Cluster
5 October 2010	A <a href="#">summary of the revised plan of action</a> was issued, with a total budget of CHF 314,329,971.
March 2011	The Federation-Wide Strategic Framework was published.
29 December 2011	A <a href="#">revised summary plan of action</a> was issued on 29 December 2011 to reflect the transition from the emergency relief to the recovery phase of the operation, covering the period July 2011 to December 2012.

**Summary:** The International Federation of Red Cross and Red Crescent Societies' secretariat (IFRC) long-term recovery and development programming in the Haiti earthquake operation scaled up in the first quarter of 2012 with the reinforcement of the Integrated Neighbourhood Approach (INA) team to speed up activities planned for the target neighbourhoods. Community activities such as livelihood mapping, linking with community-based organizations, establishment of community platforms, mobilization and registration of households have commenced in the IFRC INA sites. The IFRC continued construction and rehabilitation works to upgrade infrastructure in these sites. Plots survey, retaining wall construction, street lighting and drainage projects are ongoing activities of the IFRC in the target neighbourhoods. In addition, the IFRC continued its technical and funding supports to Partner National Societies (PNS) participating in development projects in INA neighbourhoods. The operation is also collaborating with other partners to ensure effective coordination and liaison with local authorities and relevant government agencies to address some of the challenges in the implementation of activities planned. The IFRC operation in Léogâne continued to scale up activities in 14 INA neighbourhoods with the training of 183 community facilitators in CBHFA and 68 others in PHAST who have been carrying out health, water, sanitation and hygiene promotion activities in the target neighbourhoods. The operation has constructed 997 ventilated latrines, provided 540 garbage bins and 531 hand-washing points in INA target neighbourhoods as of end of March 2012.

The operation continued to make progress in the implementation of shelter solutions, livelihoods, and water and sanitation activities in non-INA areas. The IFRC shelter programme has provided 4,471 transitional shelters to its direct beneficiary households and to PNS as of end of March 2012. The programme has also provided rental and relocation supports to 5,136 households and supported 2,589 households with livelihoods grants to restart their lives. These achievements, in line with the government decongestion strategy, have contributed to the reduction in the number of households still sheltered in the internally displaced persons' camps in Port-au-Prince. The IFRC water and sanitation decommissioned 16 emergency latrines and replaced them with 37 permanent latrines that were handed over to the sanitation committees of Charbonnière camps as part of the IFRC exit strategy in camps. Additional 98 latrines and showers were only constructed in three others in Port-au-Prince. The operation has reached more than 138,300 individuals with hygiene promotion messages as of end of the first quarter of 2012. The water and sanitation department completed its phase out with the hygiene promotion component transferred to the health department while the remaining activities including collaboration with DINEPA (Haiti government's authority in charge of water and sanitation management) have been integrated into the INA programme. The shelter department has commenced integrating into INA during the first quarter of 2012. The team has constructed 59 households latrines and continued to support the establishment of water committees and training of members of the committees. The operation has enhanced community sensitization activities with the training of 50 community volunteers in PHAST and another 312 in CBHFA in non-INA neighbourhoods.

The IFRC violence prevention programme is increasing its integration into the INA. The programme has developed an urban concept note in line with the Humanitarian Diplomacy plan of action for Haiti. Forty-two community mobilizers trained in Safe Spaces methodology have reached 166 individuals in INA targeted neighbourhoods.

Furthermore, the IFRC continued to support the Haitian Red Cross (HRC) in its core services of health and care, disaster risk management, ambulance and first aid services as part of its commitment to the National Society's development. The IFRC completed the cholera operation evaluation in January 2012 and some of the recommendations of the evaluation report were used to develop the draft of the Strategic Direction for the Federation-Wide Cholera Preparedness and Response Activities in 2012. The IFRC/HRC health programme has also developed a plan of action for social mobilization for the April 2012 national vaccination campaign. The emergency health team has trained a cumulative 567 Red Cross volunteers on Epidemic Control for Volunteers methodology while the psychosocial support activities reached 3,126 individuals between January and March 2012. The IFRC also continued to provide supplementary support services to the Red Cross membership to enable them to meet objectives in their operational areas.

The IFRC has completed the planned evaluations regarding shelter, the Movement coordination framework and water and sanitation during this period that also witnessed the visit of the IFRC High Level Focus Group (HLFG) and other major activities outside the operation. Some of these events supported by the IFRC team in Haiti include the Inter-American Conference (IAC) and International Youth Conference hosted by the HRC.

This update report includes modifications and adjustments made to some of the key activities and results to reflect the current need in target communities mainly in Léogâne. An overall revision of the operation plan of action is underway as the operation has completed the transition to development and long-term phase and there is the need for activities planned to reflect current reality in Haiti.

## The situation

The population affected by the 12 January 2010 devastating earthquake in Haiti continued to be assisted by the Haitian government and humanitarian agencies in the country. The earthquake of magnitude 7.0 caused immense human and material loss in Haiti. According to the Government of Haiti, the earthquake and the subsequent aftershocks that occurred during the weeks that followed the initial impact left some 300,000 people dead and 2.3 million people displaced. At the same time, 300,000 people were reported injured. The devastating effect of the earthquake was compounded ten months later with the outbreak of a cholera epidemic that spread across the country and claimed over 7,000 lives.

Over two years after the disaster and with humanitarian assistance still ongoing in the country, there has been a decrease in the number of individuals still sheltered in camps. From an initial 1.5 million in July 2010, the number of IDPs has dropped by 67 per cent and stands at 490,545 as of February 2012, according to OCHA Haiti Information Products released on 26 March 2012. Most of the IDPs expressed their willingness to relocate to safer shelter and permanent solutions if they could access such opportunities. The government, in its efforts to decongest the camps and relocate the IDPs especially those in the capital city, scaled up activities in its 16/6 project of renovating 16 neighbourhoods and decongest six camps. This initial effort in collaboration with humanitarian actors has since been yielding positive results.

The epidemiological trends concerning cholera declined with the cumulative case fatality rate dropping to 1.3 per cent in February 2012 in comparison with 2.4 per cent in November 2012. Nevertheless, there are concerns of new outbreaks with the start of the rainy season in April 2012, according to OCHA Haiti Information bulletin. The early commencement of the rain in March is already affecting the population in Port-au-Prince especially the IDPs with fear of new cases of cholera. The government of Haiti in collaboration with international partners has planned a national vaccination campaign against cholera and targeted 100,000 people in April 2012.

The political situation in the country became tense with the resignation of Prime Minister Gary Conille in February 2012 after four months in office. The Foreign Minister's name has been forwarded to the parliament as a replacement. The members of the Parliament are yet to confirm the new nominee as of end of March 2012. In addition, the question surrounding the dual nationality of some government and political figures is raising tensions within the political arena in the country.

Violent crimes such as murder, abduction and rape have increased in some parts of the country especially in Port-au-Prince during the first quarter of 2012. More than hundred people including police personnel have died of gunshots between January and March 2012. Many demonstrations including those organized by some demobilized officers and soldiers of the banned Armed Forces of Haiti (FADH) were reported in the country. The officers and soldiers, some of them armed were calling for the reinstatement of FADH. The UN Forces including UN Police in Haiti continued to collaborate with the National Police of Haiti to halt the growing crimes especially in Port-au-Prince.

## Coordination and partnerships

The International Federation is taking the lead role to promote a coherent and unified response in the recovery operations by facilitating coordination activities within the components of the International Red Cross and Red Crescent Movement operating in Haiti. The International Federation also facilitates coordination with other key partners such as Government authorities, United Nations agencies, international and national non-governmental organizations. The secretariat team in Haiti in collaboration with the IFRC Americas zone office in Panama implemented a number of changes such as hiring of specialists to strengthen membership services and ensure efficient and effective outcomes of the recovery phase. The Federation-Wide Reporting System showed accountability of the Red Cross and Red Crescent actions in Haiti based on the Federation-wide Strategic Framework for Haiti endorsed in March 2011.

The Movement partners adhere to and work within the framework of all coordination mechanisms as stated in the Movement Coordination Framework signed in April 2010 between the HRC, the International Committee of the Red Cross (ICRC) and the IFRC. The Movement Platform meets monthly or as required to provide strategic guidance to the membership as needed. Movement Operations Committee (MOC) meetings are held twice a month while technical committees and regional based meetings on managing and coordinating programme implementation based on the Plan of Action of the Haiti operation continue to be held monthly. The entities continue to report information to the Platform for follow-up as needed.

The IFRC undertook a review of the Movement Coordination Framework between February and March 2012 in order to determine if there were opportunities to further improve the framework and adapt it to the recovery and development context.

A review of the coordination mechanisms showed that there is a need to apply a new coordination set-up for the next phase of the operation. While the scheme is being approved, the Movement partners have approved a new temporary component: the Steering Working Group that is opened to all the PNS, HRC, ICRC and IFRC to ensure that all partners are included in the management of the operation at the head of delegations level.

**National Society Capacity Building:** IFRC embedded delegates within the Haitian Red Cross (HRC) structure continue to work with the National Society to strengthen its capacity in critical management and technical functions. This ongoing exercise is based on needs as stated in the IFRC Earthquake Recovery Operation Plan of Action with emphasize on National Society capacity building and development. The capacity of the HRC's staff and volunteers is enhanced through trainings and workshops organized by programmatic sectors. The IFRC reporting team is collaborating with the HRC in capacity building in monitoring, evaluation and reporting. The capacity of HRC local branches is being strengthened by the operation's activities. The IFRC and the HRC leadership actively continue their consultation on how best to support the National Society in the development of the base camp. Activities undertaken to strengthen the Haitian Red Cross are explained in detail in the progress report below.

## Red Cross and Red Crescent action

### Overview

The Haiti earthquake operation is scaling up recovery and development activities. The Red Cross intensified its activities on building community resilience through longer-term community development interventions via an integrated neighbourhood approach (INA). In achieving the INA objectives as set in the revised Plan of Action, the IFRC scaled up its community mobilization and communication with beneficiaries. In addition, implementation activities are scaling up in some of the target neighbourhoods through direct IFRC interventions or support to Partner National Societies who had been working in communities in Haiti either before or after the earthquake. The IFRC team continued to support the government in its 16/6 project especially as it relates to camp decongestion. As programmes are still undertaking a gradual phasing out from emergency response activities and shifting to longer-term community development, the IFRC is scaling up INA-related activities and activities planned for the National Society development with a focus on the HRC's core programme areas of health and care, disaster preparedness and disaster risk management (DP/DRM), ambulance services and organizational development. The phasing out process of the IFRC water and sanitation programme has been completed with the hygiene promotion component transferred to health and care programme while the remaining activities such as latrines desludging in collaboration with DINEPA are integrated into INA. The shelter and settlement programme has also commenced integrating into INA. The IFRC continues to provide support services to the Red Cross membership to enable them to meet their objectives in the neighbourhoods where they are providing an integrated package of services. The secretariat works with other Red Cross partners to coordinate and focus the recovery operation to generate greater impact.

During the Inter-American Conference (IAC) hosted by the Haitian Red Cross, the IFRC operation team in Haiti actively supported the National Society. The IFRC provided logistics and technical support to the organizing team. The IFRC shelter team constructed a T-shelter for exhibition at the venue of the conference. The violence prevention team worked with the Canadian Red Cross to develop an advocacy document 'Predictable, Preventable' on violence linked to disasters which included a Haiti case study. IFRC reporting team collaborated with the HRC Red Cross in the production of its 2011 annual report of activities.

## Progress towards outcomes

### Pillar One: Earthquake Operation

#### 1. Integrated Neighbourhood Approach

Goal: To increase access to sustained basic services and improved infrastructure through proven participatory techniques<sup>1</sup> designed to increase community ownership

##### Objective 1: Shelter, water, sanitation and infrastructure support

- **Objective 1.1:** Increase access to safe shelter through a multi-pronged approach involving owner-driven, donor driver and alternative shelter solutions
- **Objective 1.2:** Increase availability of and access to safe water in INA neighbourhoods
- **Objective 1.3:** Increase access to basic sanitation at both household and community levels in INA neighbourhoods

**Objective 2: Livelihoods:** Support targeted shelter solution beneficiaries to become more economically self-reliant through increased access to support packages, skill-building and economic opportunities.

##### Objective 3: Community-based support: Mobilization, health, hygiene promotion and risk-reduction:

- **Objective 3.1:** Mobilize community engagement and participation in community-based assessments and activities
- **Objective 3.2:** Improve capacity of target communities to prevent and manage common health problems
- **Objective 3.3:** Hygiene knowledge and behaviour is improved in INA neighbourhoods benefiting from IFRC water and sanitation inputs through provision of hygiene promotion
- **Objective 3.4:** Improve capacity of target community to identify and mitigate risks and improve overall safety in the neighbourhoods (DRM)

#### Progress

**IFRC direct implementation** For further details please refer to the [Revised Plan of Action](#)

#### INA Site 1 – CARREFOUR FEUILLES

Commune: Port-au-Prince  
 Quartier: Carrefour Feuilles  
 # of households (*catchment area*): 200  
 Est. # of beneficiaries: 1,000

#### INA Site 2 – DELMAS 30 (Creekside) - Phase 1

<sup>1</sup> Proven participatory techniques include Participatory Approach for Safe Shelter Awareness (PASSA) and Vulnerability Capacity Assessment (VCA).

**Commune: Delmas**  
**Quartier: Delmas 30**  
**# of households: 400**  
**Est. # of beneficiaries: 2,000**

During the last quarter of 2011, the IFRC carried out Vulnerability and Capacity Assessment (VCA) in both the neighbourhoods of Carrefour Feuilles and Delmas 30. This assessment has provided preliminary information to help both the IFRC and the community to better understand and identify the needs and challenges that are to be faced within the targeted areas. It also helps the community identify their capacity to manage and overcome these challenges. The results from the VCA, multi-sectorial KAP<sup>2</sup> survey and a house-to-house technical survey have all been used by the IFRC and the community to help develop the initial intervention strategy in both selected areas. However, the operation is faced with the challenge to draw up a comprehensive plan for the entire neighbourhoods, as the INA team has only been able to focus in pilot area of intervention with the available human resources.

### Community activities

The gap in available human resources has disrupted community engagement in Carrefour Feuilles and Delmas 30 during the first quarter of 2012. However, with community development delegates now assigned to both communities, the IFRC has started developing clear channels and mechanisms that will help to ensure that the voices of the communities are heard and their concerns addressed where necessary by the operation in a planned and coherent manner.

The community teams' main area of focus currently is to clearly define and register all households within the IFRC defined geographic areas and to ensure that clear messages to explain what the IFRC intervention tries to achieve in these communities are developed and disseminated. Apart from working with the direct beneficiaries in its operational areas, the INA team is also taking into account households in surrounding neighbourhoods to ensure equity in its response.

As of the end of March 2012:

- The IFRC has completed VCAs in pilot zones of Delmas 30 and Carrefour Feuilles.
- The team is identifying relevant community-based organizations (CBOs) within the area.
- The mapping of livelihood activities is underway.
- The IFRC is supporting the creation of a community platform.
- The INA team has registered and assessed 609 households in both areas.

### Construction activities

As part of its commitment to contribute to infrastructural upgrade in its operational areas, the INA team has continued its activities in the construction of retaining walls with gabion baskets cages (re-use of rubble), block walls, footpaths and street lighting. These activities are aimed at reducing the risk of landslides, flooding and generally providing a safer environment for living.

Infrastructure improvement will play a critical role in the INA programme because not only there is a clear impact on households in the areas where major infrastructure projects are completed but also more importantly by using these large scale projects to link with and create synergies along the entire project cycle such as;

- Linking vocational training with employment for construction works;
- Looking at supply chain, linking training in small businesses/entrepreneurs with the supply of material for works;
- Opportunity to engage with the community and create increased goodwill with the community;
- Opportunity to engage and involve the Haitian Red Cross through some of the objectives in pillar 2 of the revised PoA.

A detailed topographic and cadastral survey of both neighbourhoods have been completed for the IFRC initial phase of intervention and is

<sup>2</sup> Knowledge, Attitude and Practice (KAP)



IFRC INA team carries out house-to-house visits to review the initial mapping/IFRC

now being carried out in its expanded areas. The team is currently using the map to:

- Identify and map risks;
- Provide increased security for land tenure;
- Identify and design infrastructure projects i.e. drainage, ravine stabilization, roads, and street lighting;
- Negotiate with landowners when multiple entities claim ownership over disputed land;
- Identify development and non-development zones and;
- Identify and map all red, yellow, green and partially constructed houses.

#### IFRC construction activity as of 31 March 2012

Type of Activity <sup>3</sup>		Carrefour Feuilles	Delmas 30	Delmas 19	Delmas 9	Total
Plots surveyed	item	373	236	1050	263	1,922
Retaining wall	m <sup>3</sup>	52	0	0	0	52
Footpath	m <sup>2</sup>	0	27	0	0	27
Street lighting	item	17	13	19	0	49
Drainage works	m <sup>2</sup>	0	0	150	0	150

#### Community and construction activities

With the hiring of new community development and livelihoods delegates, the IFRC is now able to develop its community engagement model. Over the coming 3 months, the operation hopes to formalize the community engagement structures with the Carrefour Feuilles and Delmas 30 neighbourhoods. This process will enable the INA programme to better understand the communities where it works and facilitate the moving forward and scaling up of the INA concept.

The IFRC in collaboration with the communities is expanding its operation in both Carrefour Feuilles and Delmas 30 with a plan to increase the target to between 1,000 - 1,500 households in each of the areas. Registration and house-to-house assessments of these expanded areas are ongoing and will be completed by June 2012. The IFRC will continue to explore the possibility of further expansion in both areas and or identify new areas for programme implementation.

After the mapping of all households in both Carrefour Feuilles and Delmas 30 is completed, the INA team will be able to have a clear understanding of demolition needs, house repairs, new house construction and identify infrastructure improvements or requirements for the selected neighbourhoods. It will also provide better understanding of livelihood opportunities, help to identify zones categorized as “no construction” and feed into the programme’s efforts to provide all participating households with the possibility of more secure land tenure. While the mapping activities are under way, the IFRC community team will work with the neighbourhood platforms in an effort to identify some immediate activities that can be carried out. This will include livelihood activities, ravine embankment protection, drainage and retaining walls and other areas considered of high importance by the community.

The IFRC has been carrying out some small infrastructure works in an effort to test out different methodologies to engage the target communities to participate actively in the process, either through being part of the selection, design or construction process. IFRC’s efforts are now focused on scaling up activities to complete some of the infrastructure works that have been identified by the community and INA team as areas of serious concern in both Delmas 30 and Carrefour Feuilles.

One area that has been identified is the need of ravine embankment protection in Delmas 30. The team has completed some draft engineering designs and is working with the Ministry of Public Works, Transport and Communications (MTPTC) in an effort to have the proposed work approved for implementation as part of the construction programme in Delmas 30. However, the IFRC’s challenge will be on how to carry out some mitigation activities while continuing to work with MTPTC so that they are involved throughout the process in order to make it

<sup>3</sup> House repairs and construction of new houses are other activities planned for these sites. Progress will be reported in futur updates when works commence.

possible for IFRC to handover any infrastructure work completed to the Ministry and for government's continued support in maintenance and overall responsibility.

The team will continue to work on small infrastructure activities such as footpaths, street lighting, and drainage, and encourage more community participation. Though this may slow down implementation of some activities planned, it will nonetheless help by promoting the partnership and collaboration between the community and the IFRC and ensure community ownership.

### Challenges

Many humanitarian actors implement activities in these sites and there is the need to coordinate activities to avoid duplication. The presence of these actors provides good opportunities for collaboration and the INA team is working with the Technical Movement Coordination (TMC) team to ensure that both internal and external partners of the Red Cross are informed of the Red Cross activities. In addition, the IFRC is taking proactive steps in both locations to ensure the creation of a steering committee in both areas to help achieve better coordination.

Lack of capacity on the part of government agencies is one of the major challenges to achieve long-term sustainability. The IFRC envisages to work closely with government agencies such as the MTPTC and the offices of mayors in these locations to strengthen their capacity to sustain community infrastructure.

Another major challenge faced is how to engage or employ workers to carry out construction activities. The operation has until now relied on daily workers or cash-for-production contracts to carry out the majority of the construction activities. The IFRC will continue to use the model but will also endeavour to find construction activities where it supports community members or households to carry out activities through technical support and material supply.

The need to engage the target communities to ensure that they feel responsible for the activities and planned outcomes is at the centre of the INA programme; this engagement determines the longer-term impact for the communities. The IFRC is encouraging the establishment of community groups through pre-existing committee structure, municipality appointment, direct election and in some cases through local NGO with pre-existing ties to the target community. As the programme expands, the IFRC will increase collaboration with other PNS operating in these locations in an effort to improve community participation and ensure transparency in decision-making.

The IFRC and the Haitian Red Cross (HRC) plan to seize the opportunity of working together in these neighbourhoods to make progress in the objectives of pillars 1 and 2 of the revised plan of action. However, the expected progress in achieving these objectives could be a challenge if the HRC does not meet the required capacity in health and disaster risk management (DRM) in these neighbourhoods.

Defining an exit strategy for INA is a challenge that the Red Cross actors need to address immediately. Defining exactly what tools to use to measure success will be one of the first topics of the new INA technical committee. The exit strategy will not only rely on process and outputs but will need to look at the overall impact of all programmes being implemented in an integrated manner and place limits on how much the Red Cross should implement within an urban context.

### French Red Cross/IFRC partnership

#### INA Site 3 – DELMAS 33

**Commune: Delmas**  
**Quartier: Delmas 33 – Bethanie and Place Cazeau**  
**# of households: 1,354**  
**Est. # of beneficiaries: 6,770**

The French Red Cross (FRC) and the IFRC continued their collaboration for additional funding to implement activities within the Delmas 33 area. However, the INA team conducted a preliminary assessment in the area without raising any community expectation that IFRC or FRC would commence activities in the neighbourhood. There are presently no ongoing or planned activities for this area, although the HRC has indicated that its health and DRM teams may be able to carry out activities in these areas.

## IFRC direct Implementation

### INA Site 4 – MAÏS GATÉ

**Commune:** Port-au-Prince  
**Quartier:** Maïs Gaté camps and targeted neighbourhoods  
**# of households:** 2,067  
**Est. # of beneficiaries:** 6,483

The IFRC has completed the decongestion project of both Maïs Gaté 1 and 2 camps. The INA team assisted 2,067 households to relocate from the camps to safer and more sustainable sheltering solutions between December 2011 and March 2012 as shown below:

Households registered: 2,067  
 Rental grants provided: 2,042  
 Shelters constructed: 25

## French Red Cross implementation/ IFRC funding and support

### INA Site 5, – Delmas 9, 17, 30 and Croix des Bouquets<sup>4</sup>

**Commune:**  
**Quartier:**<sup>5</sup>  
**# of households:** 1,816  
**Est. # of beneficiaries:** 9,080

The IFRC is supporting the French Red Cross with funding, mapping activities, demolition, rubble removal and supply of concrete products from the IFRC rubble processing operation. Below is the summarized progress report:

#### Delmas 9 - Phase 1

- The IFRC has provided 1.2 million US Dollars to the French Red Cross to pilot the INA approach in Delmas 9.
- The IFRC has funded CHF International<sup>6</sup> to carry out demolition works in Delmas 9.
- The IFRC has supplied and installed 12 streetlights in the area.
- The IFRC has carried out the mapping of households in Delmas 7, 9 & 11.

Delmas 9 – Phase 2: The French Red Cross has submitted a draft proposal for funding support of 2.1million US Dollars for Delmas 9 (phase 2 expansion).

The topographic and plot mapping project has registered 263 households.

## IFRC Support to British Red Cross (BRC)

### INA Site 6 – DELMAS 19<sup>7</sup>

**Commune:**  
**Quartier:**  
**# of households:**  
**Est. # of beneficiaries:**

The IFRC involvement in Delmas 19 is limited as the British Red Cross has developed and funded the entire project to date. However, IFRC has completed some minor drainage works, engaged consultants to carry out the

<sup>4</sup> From 2012, INA site 5 will comprise of Delmas 7, 9, 11, 17, 30 and Croix des Bouquets as part of IFRC funding and partnership agreement with the French Red Cross.

<sup>5</sup> Commune and quartier to be further defined.

<sup>6</sup> CHF International is an international development and humanitarian aid organization involved in housing and infrastructure, emergency response, global health, economic development, and democracy and governance.

<sup>7</sup> Details of locations and targets pending further definition.

topographic and plot survey for the BRC. The IFRC has also installed solar powered streetlights in the neighbourhood. Below is the summarized progress report:

Drainage culvert: 150m<sup>2</sup>

Streetlights: 19

Topographic and plot mapping: 1,050 households

### IFRC support to Spanish Red Cross

#### INA Site 7 – LÉOGÂNE 3

**Commune:**

**Quartier:**<sup>8</sup>

**# of households: 4,400**

**Est. # of beneficiaries:**

The IFRC collaboration with the Spanish Red Cross in the implementation of INA activities continued in 14 communities in Léogâne. The IFRC health team in Léogâne has organized a CBHFA training excluding the first aid module in Nan Bassin, Deslandes A and B, Grand Savanne, Macombre for community facilitators and has started to select community facilitators in two other INA communities. The 183 trained CBHFA community facilitators have been active in health activities in seven INA communities. The IFRC also focused more on cholera prevention activities in coordination with the Spanish Red Cross.

The IFRC Léogâne water and sanitation team conducted three PHAST trainings for 68 community facilitators to ensure the sustainability of water and sanitation hardware interventions by promoting good hygiene practices. Two hundred and twenty eight community facilitators in INA (178) and non-INA (50) areas have been trained in PHAST as of March 2012. The facilitators have been supporting hygiene promotion in their communities.

Based on DINEPA recommendations, the IFRC has facilitated the creation of nine water committees in Cercey, Bassin, Derrier Morne (two committees), Beauséjour, Nan Dal, Jan Janvier, Kan Kota, and Mapou Buissonnière. The committees were established to oversee the management of water facilities in their respective communities. In addition, the tender documents for borehole drilling were prepared and the selection process for drilling in these locations is in advanced stage.

The IFRC with the participation of beneficiary communities has constructed 997 ventilated pit latrines in Spanish Red Cross operational areas of Deslandes, Mapou Buissonnière, and Beauséjour by the end of the first quarter of 2012. The beneficiary communities contributed with digging work at sites. To improve good sanitation habits, the IFRC water and sanitation team in Léogâne has distributed 540 metallic garbage bins and 531 hand-washing stations equipped with 531 bucket taps to be placed near the newly built latrines. The IFRC community mobilizers continued to carry out mobilization activities and monitored the sanitation activities in INA operational areas.

**Challenges:** Sporadic civil unrest often affects the general security situation and lead to restriction of movement to Red Cross operational areas. The slow process in obtaining drilling permits for the identified boreholes locations and the non-adherence to coordination mechanism by other organizations have been affecting implementation of activities in these locations.

CBHFA community facilitators are overwhelmed with several activities that they are carrying out not only for the IFRC secretariat but also for other PNS and humanitarian actors in the field. In addition, IFRC health team is faced with shortage of active community facilitators as some of them have relocated to other communities.

## 2. Stand-alone Recovery Projects

### 2.a Shelter and Settlement Solutions

Goal: Facilitate the transition to a safer and healthier environment for households displaced by the earthquake

<sup>8</sup> Commune and quartier to be further defined.

**Objective 1: Shelter Solutions: Increase access to safe shelter through the provision of transitional shelters.**

**Key Activities**

- Integrated programme communications strategy to targeted camp populations
- Beneficiary needs assessment, selection, verification
- Management of day labourers/employees for t-shelter construction
- Skill building and training of workers for yellow-house repairs
- Enumeration process for land security; coordination with local authorities to ensure alignment with emerging urban plans
- Modification of T-shelter designs according to beneficiary feedback and preferences
- Provision of T-shelter supply to PNS partners
- Provision of sanitation solutions with T-shelters
- Distribution of hygiene kits and cleaning kits along with sanitation solution in T-shelters
- Increased access to water in neighbourhoods targeted by T-shelters

**Progress:** The IFRC shelter programme has completed and handed over 4,471 transitional shelters to beneficiary households as of 31 March 2012. This figure includes T-shelters built to support PNS and those built by PNS with IFRC funding and material support. The overall target of transitional shelters the IFRC has planned to provide including those built to support PNS was reduced to 4,500 from 5,000 at the end of December 2011. The reduction was due to some changes in the government strategy for the decongestion of camps. They include the Government of Haiti's request that humanitarian agencies look at the possibilities of embarking on permanent shelter solutions rather than transitional shelters. In addition, the number of IFRC registered households eligible to receive transitional shelters did not exceed 4,500 and the impact of the alternative shelter solutions that have enabled the IFRC to reach its targets in the provision of safer shelter solutions resulted in this revision.

Although, the IFRC reduced the T-shelter target, the overall number of household in terms of shelter solutions provided was increased from 7,500 to 11,000 households. The increase is to compensate for the reduction in T-shelter units and in acknowledgement of the camp decongestion programme that has thus far proved to be a successful response that meets the needs of the beneficiaries.

The Norwegian Red Cross has completed all its 700 T-shelters in line with the partnership agreement with the IFRC while the French Red Cross has completed 2,369 T-shelters.

With the completion of shelter activities at the transitional camps of Annexe de la Marie and La Piste, the IFRC has commenced its exit from these camps and is in the process of handing over the responsibility and management of the camps to the municipal authorities.

The table below highlights the key results achieved during this reporting period for the stand-alone recovery programme:

Key Results	Life of project	2011 Total result	2012 Result Jan	2012 Result Feb	2012 Result Mar	2012 Result Q1 Total	Total
# of T-shelters provided	4'500*	4,107	56	126	182	364	4'471
# of households receiving a hygiene kit	1'500	1'805	0	0	0	0	1'805
# of T-shelters with a sanitation solution	1'500	1'183	9	11	4	24	1'207**
# of T-shelter HHs with access to an improved water source	1'500	698	0	0	0	0	698
# of households receiving a settlement grant	1'500	1'340	0	0	0	0	1'340

\* The target number has been reduced to 4,500 as explained in the narrative above.

\*\*These are T-shelters directly handed over to beneficiary households by the IFRC.

Due to the complex environment within Port-au-Prince and especially in relation to the urban context where the shelter team is working, it has proven extremely difficult to find long-term sustainable water supply solutions for all T-shelter recipients. The team has however managed to support households close to each other and within the IFRC T-shelter camps with access to potable water. Beneficiaries of shelters constructed on their own land have had to look to the market place for viable water solutions including water trucking and water kiosks. The IFRC water and sanitation department has also worked at developing water kiosks in some key areas. The IFRC has also provided water tanks for each household in order to help reduce the effort that is required to keep clean water in each house.

### Challenges

The IFRC has commenced the process of phasing out the shelter and settlement department with all remaining shelter activities to be completed by the Integrated Neighbourhood Approach team. The major challenges the operation is facing during the transition of the shelter programme into INA relate to the two transitional shelter camps of Annexe de la Marie and La Piste. The IFRC is working with both municipal and national authorities as well as the T-shelter beneficiary households to find long-term sustainable shelter solutions for all registered households.

Additional challenges remain in Annexe de la Mairie where flooding continues to be a major threat. However, the IFRC has installed pumps and carried out grading of the road and park that has assisted in mitigating the flooding situation. The shelter team will continue to monitor the situation at Annexe de la Mairie over the coming months.

**Objective 2: Alternative Shelter Solutions:** Increase access to safe shelter through the provision of rental and relocation support

### Key Activities

- Beneficiary communication, assessment, selection, validation
- Rental house assessments
- Beneficiary support for ID cards, bank accounts etc.
- Follow-up support and monitoring

**Progress:** During this quarter, the IFRC shelter team registered more than 3,678 households with 722 of the number provided with rental grants in an effort to help households to relocate from the camps to safer sheltering solutions. Most of the beneficiary households were residents of Maïs Gaté camps that the Government of Haiti had prioritized for relocation mainly due to the need to return the park facilities to the community and to provide Haitians with a clear psychological sign that Port-au-Prince is improving.

The IFRC will continue with its camp decongestion programme until the end of 2012. The operation is in the process of increasing its target from the initial 2,500 households to 9,000 households.

The shelter team will continue to monitor relocated households through follow-up visits to ensure availability of data relating to the sustainability of this option after the expiration of the initial 12 months rental grant.

As the shelter team intensifies its monitoring and livelihood support activities, it will continue to look at ways of improving the programme with an added focus on job training and placement rather than purely cash grant for livelihood activities.

Key Results	Life of project	2011 Total result	2012 Result Jan	2012 Result Feb	2012 Result Mar	2012 Result Q1 Total	Total
# of households receiving rental/ relocation grants	9'000*	4,414	382	174	166	722	5,136
# of HHs that have received a livelihood support grant (or other form of financial	5,000	1,500	-	-	-	2,589	2,589

support)<sup>9</sup>

# of households remaining in improved shelter conditions after 12 months	2,200	30	0	0	137	137	167
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\*The IFRC has increased its target for household rental grants from 2,500 to 9,000.

### Challenges

The IFRC shelter team continued to ensure that beneficiaries of alternative shelter solutions do not relocate to another camp through the putting in place of a tracking mechanism of all beneficiary households to their new residence and the planned minimum of two monitoring visits every year. To date the shelter team has visited 167 families who received their rental grant more than 12 months ago. Of this number, 51 per cent remained in the same location, 49 per cent have moved to another identified location. The team has had no issues of 'lost' beneficiaries to date.

The IFRC plans to increase access to livelihood activities for the sustainability of the shelter solution. In addition, the operation through the INA programming seeks to be involved in house repairs and construction that need to be scaled up in order to contribute to curtailing increased house rents especially in Port-au-Prince.

**Objective 3: Livelihoods:** Support targeted shelter solution beneficiaries to become more economically self-reliant through increased access to support packages, skill-building and economic opportunities.

### Key Activities

- Community mobilization, sensitization, beneficiary assessments and validation
- Grants disbursements: disbursement of livelihood grants following training and business plan development
- Vocational and technical training: mapping and selection of skill-building service providers
- Training of beneficiaries in targeted vocation and technical trades
- Microfinance support: mapping and selection of microfinance providers; establish links between providers and beneficiaries; support targeted capacity of service providers to improve services to the poor; support beneficiaries to access microfinance services

**Progress:** The IFRC continues to be committed to several agreements put in place with local agencies and companies to help with vocational training and the development of entrepreneurial skills through training and small investment loans for capital upgrades in designated business. A livelihoods delegate is arriving in April and will begin to formalize and implement the IFRC livelihoods programme in an integrated manner across all neighbourhoods and communities where the IFRC is operating.

Key Results	Life of project	2011 Total result	2012 Result Jan	2012 Result Feb	2012 Result Mar	2012 Result Q1 Total	Total
# of HHs that have received a livelihood support grant (or other form of financial support)*	This key result has been moved into objective 2 table above as target beneficiaries are the same population targeted in objective 2.						
# of people trained	500	222	-	-	-	201	423
# of people trained reporting they have a job	-	-	-	-	-	-	-

<sup>9</sup> The IFRC will monitor livelihood grants directly related to the rental grant as part of the decongestion programme. The key expected results have been changed to align the quarterly operations update figure with that of the Federation-wide report. The change results from the difference in families that have received 1 of the 2 livelihood grants. Total figure now only includes households that have received both grants to a total of \$500.

## 2.b Emergency Water and Sanitation

**Goal: Facilitate a responsible scale-down of non-sustainable water and sanitation services (while trying to ensure access through capacity building, small-scale rehabilitation and comprehensive beneficiary communication approaches)**

**Objective 1:** Transition from emergency water provision while increasing awareness of and access to safe water.

### Key Activities

- Work with DINEPA to take-over water trucking in targeted camps
- Work with DINEPA to construct and rehabilitate water kiosks in targeted neighbourhoods surrounding key camps
- Facilitate water and sanitation solutions among neighbourhood community members and private water providers
- Develop and implement a 2-way beneficiary communication strategy ensuring camp residents are aware of water delivery conclusion and where nearest safe water sources are located, and have an opportunity to comment or ask questions

**Progress:** Based on the agreement signed with DINEPA, the IFRC finalized the process of identifying and selecting areas for the construction of 24 water kiosks, rehabilitation of 17 kiosks and network extension. The projects when completed are expected to increase beneficiaries' access to potable water at an affordable price.

The IFRC water and sanitation team worked with DINEPA on procurement procedures. A meeting was held with the Centre Technique d'Exploitation, Région Metropolitaine de Port-au-Prince (CTE-RMPP) to discuss and assess the procurement capacity of DINEPA as the authority had been working with other international partners. The IFRC is now using the outcomes of the meeting to develop procurement package for DINEPA based on the IFRC procurement policy as stated in the MoU.

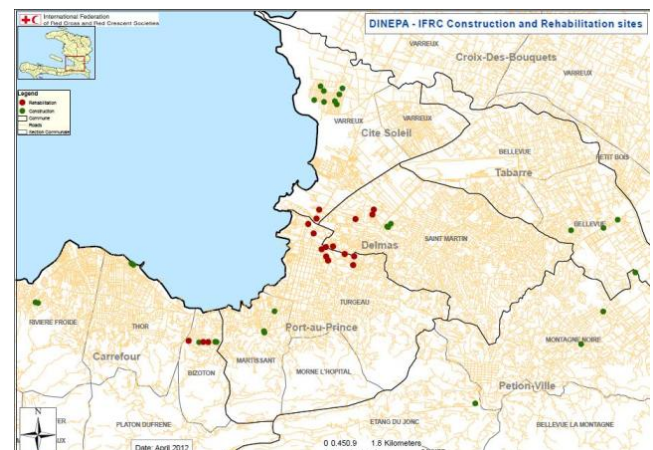
The IFRC team on the invitation from CTE-RMPP visited Metivier to assess possibility of funding the rehabilitation of a DINEPA water pump station in Metivier. The team also visited Cité Soleil and Bellevue, and received a proposal for the connection of the water source D5 to the network in Cité Soleil and the emergency replacement of water pipes at Dalles Street, Carrefour Feuilles for which CTE-RMPP is finalizing the tender documents. The CTE-RMPP is planning to do a new assessment of the water pipes and infrastructure in Bellevue and develop a new proposal that will be submitted to the IFRC for evaluation and potential funding through the MoU.

The connexion work at the main tank at La Piste T-shelter camp to DINEPA network has commenced and at 90 per cent completion as of the end of March 2012. Underground pipes have been laid up to the tank location. Technical officials at CTE-RMPP will also take this opportunity to train DINEPA staff on water pipe installation. The IFRC is finalizing a plan to support DINEPA in the creation of a water committee at La Piste T-shelter camp. The committee that is expected to follow DINEPA water management procedures and report to the authority will be trained by DINEPA in management and accounting, water treatment, communication and community participation strategy.

Five community mobilizers from the CTE-RMPP attended a 5-day PHAST training organized in collaboration with the American Red Cross and facilitated by the IFRC.

In its effort to support CTE-RMPP in scaling up implementation of planned activities, the IFRC will support, through the MoU, the recruitment of three engineers. The engineers' responsibilities will be to prepare and supervise the construction, rehabilitation of water kiosks and network projects that will be implemented under the MoU.

UNOPS has requested for a no-cost extension on the MoU signed between the two parties. The extension is to allow UNOPS enough time to complete construction work at the Morne à Cabris excreta treatment station.



DINEPA-UNOPS trucks have commenced desludging operation in some of the camps handed over by the IFRC. The desludging operation by DINEPA-UNOPS fleet was extended from January to 10 February 2012. DINEPA is planning to create an operational sanitation unit in OREPA (Office Régional de l'Eau Potable et de l'Assainissement)<sup>10</sup> OUEST to manage its sanitation field operations. Meanwhile, CTE-RMPP has been managing desludging operations in some of the camps using the IFRC donated desludging trucks.

Key Results	Life of project	2012 annual target	2011 total result	2012 result Jan	2012 result Feb	2012 result March	2012 result Q1 total	Total
# of camps where IFRC has ended water service	66	-	66	-	-	-	-	66
# of water points serviced by IFRC	132	-	66	-	-	-	-	66
# of camps whereby DINEPA has taken-over water-trucking	15	0	18	-	-	-	-	18
# of water kiosks constructed by DINEPA	32	22	-	-	-	-	-	-
# of water kiosks rehabilitated by DINEPA	51	36	-	-	-	-	-	-
# of beneficiaries reached via the communication campaign	10,000	0	332,752	This key result was achieved and surpassed at the end of 2011. No further implementation was planned for 2012.				

**Objective 2:** Transition from emergency sanitation service provision while increasing awareness of and access to sanitation solutions.

#### Key Activities

- Decommission emergency latrines
- Work with DINEPA to take-over latrine desludging in targeted camps
- Assess sustainable sanitation options
- Provision of neighbourhood sanitation solutions in targeted neighbourhoods surrounding camps

<sup>10</sup> OREPA is a government agency in charge of potable water and sanitation management at regional level.

**Progress:** The operation has handed over 37 permanent latrines with cleaning materials to the sanitation committees of the camp in Charbonnière. The IFRC has decommissioned 16 emergency tank latrines from the camp after the handover of the permanent facilities. The IFRC sanitation team has constructed 98 latrines and an equal number of showers through the joint water and sanitation/shelter decongestion project in the neighbourhoods of Henfrasa, Morency and Clercine camps. The team continued to monitor desludging activities in 11 camps to ensure that DINEPA adheres to IFRC standards.

Key Results	Life of project	2012 Annual Target	2011 total result	2012 result Jan	2012 result Feb	2012 result March	2012 result Q1 total	Total
# of camps where IFRC has ended sanitation service	32	-	66	-	-	-	0	66
# of emergency latrines that have been decommissioned or serviced by DINEPA*	778	381	721	-	-	-	407	407
# of beneficiaries reached by the communication campaign	10,000	5,000	37'295	1'175	-	-	-	38'470

\* The figures are not cumulative.

**Objective 3:** Hygiene knowledge and behaviour is improved in camps and targeted surrounding neighbourhoods  
**Key Activities**

- Hygiene promotion campaigns are conducted repeatedly in all IFRC water and sanitation camps
- Hygiene promotion campaigns are conducted in neighbourhoods surrounding camps where some water and sanitation services are improved
- Support and training is provided in targeted neighbourhoods surrounding camps to create neighbourhood water and sanitation management structures
- Support and training is given to hygiene promoters and community groups involved in Community-Based Health and First Aid (CBHFA) in collaboration with the HRC Health department

**Progress:** As the IFRC water sanitation department phased out and its activities integrated into INA and health, the number of hygiene promoters has been reduced to 10 members who have now been contracted as national staff to implement the remaining hygiene promotion activities mainly in monitoring activities in camps and neighbourhoods. The hygiene promotion team has visited 17 camps and carried out assessment of the situation in camps. The assessment was to guide the IFRC in developing an exit plan for camps while focusing on monitoring.

The outcomes of the monitoring resulted in increased sensitization activities in the camps especially in water treatment and good hygiene practices. Four hundred and sixty-seven persons (158 male and 309 female) were reached during the door-to-door sensitization carried out by the *relais communautaires* (Camp volunteers) and the hygiene promotion team. The *relais communautaires* focused on cholera prevention and reached additional 904 persons in their respective camps during the February 2012 carnival period. Posters on key hygiene messages were pasted on latrines walls and water kiosk tanks. The team also carried out camps cleaning campaigns in Renoncule, Henfrasa, République Argentine, Discrète Aumone and Lindor 2 camps with the active participation of 139 camp residents. The sensitization campaigns were intensified during the celebration of the International Women Day and the World Water Day where the team focused on safe water chain with regard to the situation in Haiti. The IFRC hygiene promotion team carried out several activities such as group discussions, display, distribution of water treatment products, dissemination of flyers and posters, simulation exercise, film projection and exhibition.

The IFRC distributed 108,396 water treatment tablets (Aqua tabs) in camps at Carrefour Feuilles, Place Boyer in Pétionville. The team also reminded beneficiaries about water treatment as a preventive measure against cholera. The team distributed 720 bars of soap in the Carrefour area and in Bas Puits Blain and Henfrasa camps to raise awareness among the population on hand washing as one of the measures to prevent diarrhea and cholera. The hygiene promotion team distributed three drums of granulated chlorine HTH to 16 water points and kiosks, and

trained five water points' attendants on water chlorination technique, community mobilization and the monitoring of residual chlorine in water.

Key Results	Life of project	2012 annual target	2011 total result	2012 result Jan	2012 result Feb	2012 result March	2012 result Q1 total	Total
# of WatSan and hygiene promotion management committees formed during emergency operations	66	-	3	-	-	-	-	3
# of beneficiaries reached by more than one HP activity	250,000	250,000	136,202	618	1,510	2,128	2,128	138,330

**Objective 4:** Strengthen HRC capacity in water, sanitation and hygiene promotion (Not included in results table; progress reported quarterly only in narrative section)

#### Key Programme Activities

- Water and sanitation technical workshops conducted with key HRC staff and volunteers (try and ensure a gender balance in workshops)
- Joint management of the DINEPA agreement
- HRC key staff participate in water and sanitation assessments and hygiene promotion activities
- HRC participates in the recruitment of water and sanitation staff

**Progress:** The operation water technicians started an inventory stock in the Diquini warehouse. The objective of this inventory was to have a complete knowledge of the water and sanitation items that could be available for any emergency during the hurricane and storm seasons.

**Challenges:** Demonstrations in Port-au-Prince and its suburbs often affect implementation of activities. Accessing communities to work is often impossible and movement of Red Cross personnel is restricted for security reasons. This is also affecting support in latrine construction for the shelter programme. Land tenure issues continued to cause delay in achieving the water and sanitation objectives during this reporting period.

## 2.c Water, Sanitation and Health in Léogâne

**Goal:** Contribute to improvement of the health status of 20,000 people in three target sections of Léogâne through improving access to safe water, sanitation and hygiene knowledge by end December 2012.

Based on current context, identified needs in the IFRC operational communities and the fact that some areas initially targeted for IFRC intervention now have other actors already implementing activities related to water, sanitation and health, the IFRC sub-delegation team in Léogâne has modified some of the key activities and results of its plan of action during the month of February 2012 as explained under each of the objectives below.

### Water and Sanitation

**Objective 1:** Increase access to safe water supply for 20,000 beneficiaries at household and community level by October 2012.

#### Key Activities

- Construction and rehabilitation of 46 water facilities, including:
  - Construction of 20 water points/bore holes
  - Rehabilitation of existing 20 water points
  - Construction of 6 distribution networks

**Progress:** At the end of March 2012, the IFRC team in Léogâne continued to construct water distribution networks and water points and completed some of the networks where artesian source was available with enough water flow. The team has rehabilitated 32 water points as of end of the first quarter of 2012. Fourteen of them are artesian sources and 18 sources equipped with hand pumps. The IFRC community mobilization teams have identified 55 new potential water points for rehabilitation. A proposal for rehabilitation work on these water points will be developed after technical validation.

Key Results	Life of project	2012 annual target	Total result 2011	2012 result Jan	2012 result Feb	2012 result Mar	2012 total result Q1	Total
# of water points/bore holes constructed	20	9	21	4	1	1	6	27
# of existing water points rehabilitated	20	15	24	5	1	2	8	32
# of distribution networks constructed	6	-	6	1	-	-	1	7

**Objective 2:** Increase access to sanitation facilities for 6,300 beneficiaries at household and community level by May 2013.

#### Key Activities

- Construction of 1,260 household latrines
- Construction of 1,260 hand-washing facilities
- Provision of 1,260 metallic garbage bins for households

**Progress:** The IFRC water and sanitation team in Léogâne has completed eight additional latrines and continued construction work in five other target communities. The new latrines were constructed in IFRC non-INA operational area. The *Ecosan* project is facing some challenges with the start of the rainy season and the increase in ground water. The IFRC has distributed materials for 10 *Ecosan* toilets and assessed potential solutions to overcome the current challenges. In addition, sanitation activities carried out during this period continue to focus exclusively in INA areas.

Key Results	Life of project	2012 annual target	2011 total result	2012 result Jan	2012 result Feb	2012 result Mar	2012 Total result Q1	Total
# of household latrines constructed	1,260	1,000	51	4	2	2	8	59
# of hand-washing facilities constructed	1,260	1,000	29*	-	-	-	-	29
# of metallic garbage bins distributed	1,260	1,000	-	-	-	-	-	-

\* From 2010

The key activities and results on construction of communal latrines in schools and public spaces and number of maintenance tools distributed as they appeared in the initial revised plan of action have been removed due to the targeted communities' preference for household latrines. The household latrines have now been increased by 100 and bringing the total target households to 1,260. The number of hand washing facilities constructed with the exception of the 29 mentioned in the table above and the number of metallic garbage bins distributed are all reported under INA Léogâne.

**Objective 3:** Enhance community participation in water and sanitation related activities to ensure sustainability by October 2012.

### Key Activities

- Mobilize/facilitate communication between 77 water points/sanitation areas stakeholders (beneficiaries, CASEC, DINEPA)
- Formation of 77 water committees as per DINEPA regulations
- Train of 231 water committee members in water point management
- Conduct water quality analysis and feedback to 77 water point communities after constructing/rehabilitating the water point

**Progress:** As shown in the table below:

Key Results	Life of project	2012 annual target	2011 total result	2012 result Jan	2012 result Feb	2012 result Mar	2012 result Q1 total	Total
<b>Mobilize/facilitate communication between water points/sanitation areas stakeholders (beneficiaries, CASEC, DINEPA)</b>	77	29	19	30	3	3	36	55
<b># of water committees formed as per DINEPA regulations.</b>	77	29	28	-	-	-	-	28
<b>Training of 231 water committee members in water point management</b>	231	231		-	-	52	52	52

The key activities and results under objective three have been modified as water related activities have scaled up in all the IFRC non-INA target areas in Léogâne. The first two key activities in the revised plan of action: *Establish relationship with 46 water point/sanitation communities and identify hardware needs, and facilitate communication between 46 water points/sanitation stakeholders (beneficiaries, CASEC, DINEPA)* have been merged as shown under the key activities and results above. The increase in activities has led to increase in the number of water/sanitation area stakeholders to be mobilized for collaboration from 46 to 77. As the number of water points increases, the IFRC has increased the number of members of the committees to be trained on management of water points and facilities from 46 to 231.

**Objective 4:** Improve community knowledge, attitude and practice on safe water, sanitation and hygiene by May 2013.

### Key Activities

- Select and train 60 hygiene promotion community facilitators
- Develop and distribute hygiene promotion implementation tools
- Implement hygiene promotion in the community/schools following PHAST/CBHFA methodology
- Distribute 231 cleaning tool kits
- Conduct endline survey

The following activities in the initial plan of action: *select and train 166 hygiene promotion community volunteers and distribute cleaning tool kits to target 1,300 sanitation beneficiaries* have been revised as shown under the key activities above because the target number of beneficiaries in non-INA areas is lower. Hygiene promotion activities are mainly being carried out in INA targeted areas. The target number of beneficiaries for cleaning tool kits was reduced because of budgetary constraint. The key activity *conduct of baseline survey (46 water points)* in the previous plan was removed because it was time consuming and the fact that it is possible to get results of survey from other actors operating in the IFRC targeted areas.

**Progress:** The IFRC intensified its hygiene promotion using the PHAST methodology and with support from the 50 volunteers trained during the 3<sup>rd</sup> quarter of 2011 in non-INA areas. The hygiene promotion team in Léogâne scaled up its sensitization activities with focus on hand washing practice, malaria and cholera prevention including the distribution of aqua tablets in cholera-affected communities. The hygiene promotion team has distributed 69 cleaning kits for regular cleaning activities to 23 community groups of three representatives in each group. The distribution strategy adopted will ensure community access to the kits through the group members.

One hundred community facilitators for water points are supporting the operation in hygiene promotion activities targeting water interventions and emphasising on cleanliness of the water points. The facilitators carry out sensitization activities on water storage maintenance at household level and on hand washing practice in communities that are beneficiaries of the new and rehabilitated water points.

## **Health**

**Objective:** Implementation - Improved knowledge of health and disease prevention and increased and sustained health seeking behaviours in targeted communities.

### **Key Activities**

- Select and train 60 hygiene promotion community facilitators
- Develop and distribute hygiene promotion implementation tools
- Implement hygiene promotion in the community/schools following PHAST/CBHFA methodology
- Distribute 231 cleaning tool kits
- Conduct endline survey

**Progress:** The IFRC health team in Léogâne completed the CBHFA training with the exception of first aid module for 312 community facilitators in Mercery C, Nan Bassin, Deslandes A and B, Grand Savanne, and Macombre. CBHFA community facilitators started to conduct activities in their communities. The team is increasing the number of community facilitators in all non-INA and INA areas where CBHFA implementation has already started. The increase is for the operation to reach more beneficiaries. The activities of the facilitators focus on safe motherhood, nutrition, family planning, and HIV and AIDS. Since the start of the rainy season and with reported cases of cholera, the health team focused more on sensitization on cholera prevention during the first quarter of 2012.

HIV and AIDS activities continued to target at-risk groups including commercial sex workers, men who have sex with men (MSM) and pregnant women in the IFRC target areas. The health team has identified some locations of sex workers and has commenced the process of establishing close relationship with them in order to engage some of the sex workers as peer-educators.

The health team organized training on psychosocial support for 6 IFRC/HRC staff and 22 community facilitators in Modsol in February 2012. The knowledge acquired will assist the facilitators in reaching out to the community on managing psychological trauma related to gender-based violence and the cholera epidemic.

The IFRC has distributed a total of 22,631 pieces of condom, 314 bars of soap, 3,360 aqua tabs and 4,927<sup>11</sup> mosquito treated insecticide bed nets in Modsol, Neply, Mapou Boissoniere, Beauséjour, Chateau, and Nanbassin as at end of March 2012.

With the need to reach more beneficiaries with CBHFA activities, the health team has increased the number of target communities to 17 as shown in the key results table below. The health team surpassed the targeted number of three communities to be mobilized for health activities in the initial plan of action as of end December 2011. Ten communities as against three earlier reported in the previous operation update were reached with health related activities.

Key Results	Life of project	2012 annual target	2011 total result	2012 result Jan	2012 result Feb	2012 result Mar	2012 Total Result Q1	Total
# of communities mobilized by health programme	17	-	10	-	-	-	-	10
# of people reached with tailored health interventions	10'000	-	7'446	3'118	9'330	14'703	14'703	22'149
# of community health	423	180	55	127	127	127	127	182

<sup>11</sup> The 5,159 figure that in the operation update no 30 was the number of beneficiaries of the mosquito bed nets that the IFRC distributed as of end of December 2011.

**facilitators trained**

# of home visit carried out by community facilitators	-	2'000	4'273	657	1'996	3'713	3'713	7'986
# of group awareness carried out by community facilitators	-	1'500	496	119	337	525	525	1'021
# of cases identified to be referred to health facilities	-	-	111	79	200	305	305	416

**2.d Relief****Focus:**

- Emergency shelter – replacement of tarpaulins
- On-going monitoring and preparedness

**Objective 1:** Increase access to emergency shelter for households in need of replacement tarpaulins

**Objective 2:** Maintain preparedness to respond to emerging, unmet needs

**Progress:** Relief activities ended during the 3<sup>rd</sup> quarter of 2011 with the IFRC achieving and surpassing the two key results set for relief programme as shown in the table below.

Key Results	Life of project	2011 Annual Target	Result as of June 2011	2011 Result Q3 Total	Total as of end 2011
# of families receiving tarpaulins		103,000	214,544	41,534	256,078
# of tarpaulins distributed		240,000	429,528	83,068	512,596

**2.d Violence Prevention**

**Goal:** Improve community resilience to violence by identifying vulnerable groups and strengthening their protection within programmes. This will be achieved through coordinated implementation of IFRC violence prevention strategies, situational analysis and documentation of reported violence affecting beneficiary communities, as well as development of common response practices for Movement activities in Haiti.

**Objective 1:** Implement violence prevention strategies and policies of the IFRC across the Movement's programs, with particular focus on INA and with the wider aim of improving institutional learning on violence prevention within the IFRC.

**Objective 2:** Monitor and analyse both perceived and real violence in communities

**Objective 3:** Develop and implement into programmes common matters protection practices in response to reported violence (both real and perceived)

**Objective 4:** Strengthen representation and voice of the IFRC on pertaining to violence mitigation, prevention and response by advocating government and UN Agencies deliver a more timely and comprehensive response to violence in communities

**Objectives 1 and 3**

**Progress:** The IFRC violence prevention programme has developed an urban programming concept note in response to the Humanitarian Diplomacy Plan of Action for Haiti. The concept note recommends an 'area-based

approach' to prevent risks of violence against beneficiary communities and is now being adopted within the planning of IFRC's secretariat Integrated Neighbourhood Approach programme and the disaster risk camp mitigation strategy for supporting camps at risk during storms.

The action plan on violence prevention, mitigation and response (VPMR) developed by the IFRC in October 2011, made progress with the development and approval of a 2012 Communications Strategy on VPMR, the first of its kind by the membership in an operation. Integration of violence prevention, mitigation and response initiatives across all programmes also progressed as explained in the paragraphs below.

In INA sites, the IFRC violence prevention programme is mentoring shelter and settlements teams on how to apply the findings of conflict sensitivity/urban violence reduction assessments to create safer streets with spaces for play, learning and livelihoods and central market places that bring communities together through trade. This includes supporting them in the development of programme activities and project proposals on creating culture of non-violence and peace in beneficiary neighbourhoods.

In health, the IFRC supported the HCR capacity building on VPMR with the recruitment of a gender-based violence officer in March 2012. The officer will be responsible for the development of knowledge in the areas of coordination, technical advice to staff and teams, documentation and tool development, and representation in external structures. The officer participated in an HIV and AIDS orientation meeting of the National Society in March during which she facilitated a session on combating violence against women and men in Haiti.

### **Objective 2**

**Progress:** The IFRC is making progress in assessments and better understanding of the context of violence against the most vulnerable population. Forty-two community mobilizers have been trained in using the Safe Spaces methodology (a tool to better understand the perceived and real violence against communities) in IFRC targeted neighbourhoods under the INA programme reaching 166 participants (38 elderly, 39 youth, 39 women, 40 men and 10 residents with disabilities). Three neighbourhood watch initiatives have been launched and community discussions continue on expansion. The IFRC will continue to pilot this tool in more INA areas.

The violence prevention programme has developed and distributed through the Emergency Response Unit Surge Capacity Centre at the secretariat office in Geneva a survey on perceptions on violence completed by 18 PNS (222 delegates) deployed in the first year following the earthquake. The IFRC is analysing the findings for presentation at the April 2012 Haiti Learning Conference on how future missions can improve their prevention of, and response to violence during large-scale disaster operations.

### **Objective 4**

**Progress:** As the protection cluster went through a transition into the Government's Consultative Committee on Protection, the IFRC secured a seat at this select committee for the Red Cross representation. From April 2012, the IFRC will begin to support the Civil Protection Department in developing protection principles to be included in systems of national contingency planning.

The IFRC violence prevention programme and the secretariat team in Geneva have carried out four strategic discussions on the implementation of the IFRC Strategy of Violence Prevention, Mitigation and Response within the Haiti operation. The IFRC ensured regional link-up through participation in two sessions of the IFRC informal violence prevention working group in Panama. The IFRC violence prevention delegate also participated in a 5-day global conference of the Canadian Red Cross and the IFRC on the development for 2013 of a Violence Prevention Manual for National Societies worldwide with the inputs of lessons learned in Haiti.

During the Inter-American Conference (IAC) hosted by the HRC in March and with a thematic focus on urban violence, the violence prevention team contributed to the development of an IFRC and Canadian Red Cross advocacy document titled '*Predictable, Preventable*' on violence linked to disasters which included a Haiti case study. The IAC outcome document defined strategic directions for urban violence prevention, mitigation and response and the importance of building capacity on violence prevention to ensure a sustained and coherent engagement. These efforts have raised the visibility of the Movement more generally as a key partner in protection in Haiti.

## Pillar Two: National Society Development

### A. Support to Haitian Red Cross Strategy 2010 – 2015

**Goal: To ensure that Haitian Red Cross (HRC) is a strong and reliable civil sector partner to the Government and the people of Haiti while scaling up and sustaining key services in the sectors of disaster management, health and blood to beneficiaries by strengthening the financial, technical and human resource base within the HRC**

**Objective 1:** Support the Haitian Red Cross in implementing their Strategy 2010 – 2015

**Key Activities:**

- Finalize work plans, log frames and budgets for the HRC Strategy 2010-2015.
- Establish and support National Society working group and its sub groups
- Build management capacities on a national and decentralized branch level
- Human Resources reinforcement (integrated delegates)
- Build volunteer management systems for adequate local service delivery
- Build project level technical and operational management capacity
- Strengthen human resources, communications and advocacy functions
- Strengthen resource mobilization capacities

**Objective 2:** Support development of financial resources for core services and assets of the Haitian Red Cross

**Key Activities:**

- Establish and manage a trust fund or capacity building fund for HRC
- Continue to build the infrastructure of HRC including the newly acquired base camp. A feasibility study to maximize the development of the compound is commissioned.

**Progress:** IFRC embedded delegates continued to work with their counterparts in the National Society in programming and strengthening of their capacities in technical and management areas. The IFRC is recruiting a Head of National Society development to increase its support to the development of the HRC in a comprehensive organizational development (OD) driven change management process over multiple years, which is supported by a Movement-wide approach. The strategy is to both develop an OD change process looking at strengthening the institutional systems and structure to deliver services and then in parallel fashion, support sector level project capacities.

Moreover, the IFRC continued to collaborate with the HRC in the development of Base Camp. The consulting firm commissioned towards the end of 2011 finalized the pre-investment study of base camp. The documentation has been sent out to interested stakeholders. The IFRC has developed a plan to staff a project team that will focus solely on constructing the initial components of Base Camp including the HRC Logistics Base and office facilities. The plan will be shared with the membership during the second quarter of 2012 in an attempt to have a broad-based funding campaign with over 60 Red Cross and Red Crescent National Societies who have donated funds after the earthquake.

Further, in a collective attempt to build a stronger volunteer base, the HRC has now finalized its volunteer policy, which clarifies the definition of volunteer work and the roles and responsibilities of these pillars of the Red Cross work in Haiti. In addition, the National Society has started a process of reviewing the various units for their efficiency and strategic role in delivering the HRC's Strategy 2015.

### B. Programme Focus Areas and Key Results for 2011 – 2012

#### 1. Health and Care

**Goal: To significantly strengthen the capacity of target communities to prevent and manage injuries and common health problems in emergency and non-emergency situations**

**Objective 1:** Capacity building - Haitian Red Cross (HRC) capacity to respond to health needs at the community level with harmonized tools and methodologies is enhanced.

- At least 1,500 Haitian Red Cross volunteers will be trained in health topics by end 2012. Both women and men will have equal access to volunteering opportunities.  
At least six technical counterparts at the branch level will be in place and facilitating health programmes by end 2012.

**Objective 2:** Tool development - Haitian Red Cross has standard tools to implement health programmes that are developed, tested and standardized.

- In pursuance of a harmonized Red Cross Red Crescent health training programme, all RCRC members undertaking health training in Haiti will use HRC approved methodologies and approaches in the four thematic areas by end 2012.
- Methodologies and approaches in the four thematic areas are shared and validated by MSPP.

**Objective 3:** Coordination - A well functioning coordination mechanism with Movement and external partners is established in support of the Haitian Red Cross' health programme.

- By end 2011, at least 50 per cent, and by end 2012, 100 per cent of RCRC members are participating in monthly technical working groups and other specific meetings in four thematic areas.

**Objective 4:** Implementation - Improved knowledge of health and disease prevention and increased and sustained health seeking behaviours in targeted communities.

- By end 2012, at least four communities are mobilized in health programming.

#### **Key Activities:**

Based on needs analysis undertaken, health and care activities will focus on the following four recommended components of the health programme:

- Community health, including maternal, newborn and child health
- Emergency health
- Psychosocial support
- HIV and AIDS

#### **Progress**

##### **Capacity Building**

The IFRC health team intensified its training and institutional capacity building activities with the HRC both at the headquarters and in the branches. A national gender-based violence officer was recruited in March 2012 to support the National Society in its gender-based planned activities in March 2012. The officer will be collaborating with the IFRC violence prevention delegate in programming. The IFRC is developing training tools and activities to strengthen the capacity of the HRC in hygiene promotion as contribution to the fight against cholera epidemic.

##### **Tool Development**

In community health, the IFRC/HRC health programme has printed 4,403 CBHFA manuals distributed to the HRC and PNS in Haiti to assist them in the implementation of ongoing projects. The health department has finalized the adaptation and contextualization of the Epidemic Control for Volunteers (ECV) manual. In addition, the department has commenced the tender process for the translation of the IFRC community-based psychosocial support manual from English to Creole.

##### **Health Coordination**

In addition to the monthly Health Technical Working Group (TWG) meetings, several meetings were held during the reporting period to improve Movement-wide coordination and to initiate and improve coordination with external partners. The national CBHFA working group monthly meetings with PNS, the Ministry of Public Health and Population (MSPP) and the School of Community Health continued. The health team had meetings with the Canadian Red Cross and the Directorate of Public Health (Direction de Santé Publique; DSP) of Montreal on how to improve coordination in planning and implementation of the national CBHFA baseline.

The HRC and the IFRC participated in weekly meetings convened by OCHA and the MSPP to formulate common approaches to the cholera situation. The Haitian Red Cross being a member of National Coordination Committee collaborated with the MSPP on the planning of the national vaccination campaign in April.

Following its contribution in the taskforce on the National Strategy on Mental Health in 2011, the HRC has been invited to the newly established National Committee on Mental Health, a committee that is charged with the task of finalizing the national strategy. The psychosocial support (PS) team is representing the Red Cross on the committee. The IFRC health team held 2 coordination meetings with UNICEF to explore avenues for cooperation, funding and the participation of HRC volunteers in a training of trainers (ToT) session on the use of books and literature as psychosocial intervention tools (which also implies donation of material) to be held in April. The PS team visited Carrefour Feuilles and Delmas 30 with the shelter team to explore avenues for cooperation and interventions in these areas within the framework of the INA strategy. The team also met with Sport Sans Frontières to finalize a cooperation agreement for the participation of nine PS volunteers in a ToT on socio-sporting activities to start at the end of March until the end of November 2012. The trained volunteers will be required to duplicate the training for other PS volunteers. The IFRC/HRC PSP team also participated in the drafting of the new HRC national volunteer policy. The PS programme organized five coordination meetings for the PS team's focal points to reshape the programme structure and functioning in line with the new volunteer policy.

The Haitian Red Cross HIV and AIDS team strengthened coordination with some of the priority most-at-risk-populations (MARPS) during a workshop attended by the MSPP, UNAIDS, Networks of Persons Living with HIV (PLHIV) and representatives of the MSM community.

### **Implementation**

The community health team collaborated with PNS involved in the CBHFA to strengthen activities on community based health and first aid in Petit Goave, Léogâne, Gressier, Jacmel, La Piste, Arcahaie and Saut d'Eau. The team has trained 131 members of the community health committees, community volunteers and facilitators on different CBHFA modules to enhance their health sensitization activities in their respective communities. The team organized awareness meetings on community mobilization for the national vaccination campaign that will commence in April 2012.

The IFRC/HRC health programme continued to carry out CBHFA activities in La Piste JMV and other targeted neighbourhoods through home visits, distribution of water treatment tablets, hand-washing messages, distribution of hygiene kits and sensitization as well referral of suspected cholera cases to health facilities. The community health team intensified its maternal, newborn and child health sensitization activities at La Piste and in other targeted areas reaching beneficiaries with messages on the importance of ante and post-natal visits, and supported 53 pregnant women with antenatal kits. The community health team continued its support to the IFRC health team in the Léogâne sub-delegation.

In emergency health, the health programme has taken over responsibility of managing cholera activities as the IFRC cholera appeal (MDR49007) ended in February 2012 with the closure of the cholera treatment centres (CTC) in Carrefour Feuilles and Port-à-Piment while the CTC at La Piste closed at the end of March. The emergency health team recorded 42 new cases at the Carrefour Feuilles CTC in February although with no deaths while 23 cases were admitted at Port-à-Piment during the same period.

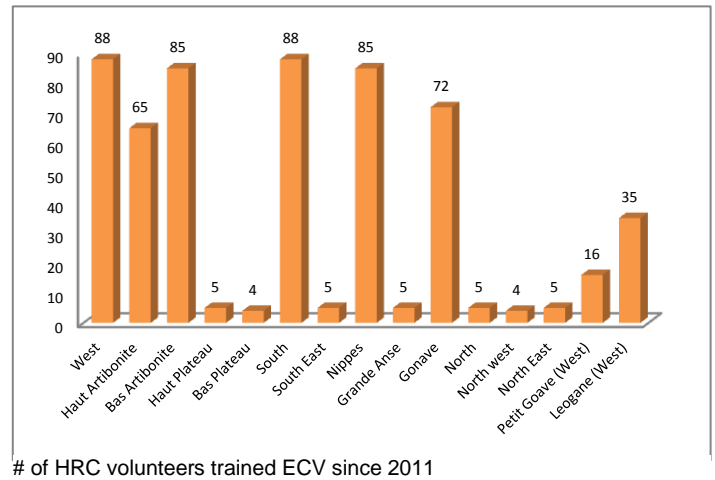
In preparing for the risk of cholera outbreak during the 2012 rainy season, the IFRC/HRC focused activities on the development of a Movement-wide cholera strategy. The recommendations from the IFRC Hispaniola Island Cholera Evaluation carried out in January were very useful in the development of the cholera strategy. A meeting of all Movement partners was held in March 2012 to present a clear strategy of the Movement in the cholera response. The draft paper "Strategic Direction for Federation-Wide Cholera Preparedness and Response Activities 2012" was presented by the HRC and the IFRC and approved by the group consisting of HRC, IFRC and PNS senior management, health and DM/DRR departments. The emergency health team organized working sessions to integrate water, sanitation and health with focus on enhanced hygiene promotion and cholera prevention especially in the IDP camps of Port-au-Prince. The health team has prepared a draft plan of action that is expected to be finalized in early April for the camps. In addition, a cholera working group was established to finalize the HRC cholera contingency plan. The group will finalize the plan for adoption by mid-April.

With the early commencement of rains in March, the Red Cross hygiene promotion intensified its sensitization with focus cholera prevention in 21 IDP camps. The hygiene promotion team used mass sensitization and sanitation campaigns, promotion of water treatment at the household level, passive and active surveillance at household

level, disinfection and monitoring of residual chlorine both at household level and at water point as well as the maintenance of water and sanitation facilities in camps.

The emergency health team of the IFRC/HRC has trained 567 volunteers on Epidemic Control for Volunteers (ECV) as of end March. A supervision and monitoring plan for the volunteers trained was developed and finalized and will be reinforced during the rainy season.

To support the nationwide expanded immunization programme and the April 2012 vaccination campaign of the MSPP in collaboration with WHO/PAHO, the IFRC/HRC has submitted a plan of action for social mobilization to potential donors. Taking advantage of the Inter-American Conference (IAC) hosted by the HRC in March, the IFRC with the technical support of immunization expert from the secretariat's office in Geneva arranged an immunization orientation and planning meeting March 2012 in Port-au-Prince. Forty participants attended the meeting co-facilitated by the MSPP and WHO/PAHO (Expanded Immunization Programme). The health department held another orientation meeting with all the presidents of the 13 HRC branches and interested PNS on 24 March 2012 to inform them on the significant role of the Red Cross during the campaign.



At the beginning of 2012, the PS programme started the transition towards true volunteerism in line with the HRC new volunteer policy, which aims at promoting volunteering and ensuring sustainability of programmes. From 1 January 2012, the PS team has replaced the old monetary incentive system with new incentives such as increased training and certification, volunteer insurance, protection and visibility. The programme has also reduced volunteers working hours and based the working period to volunteers' availability. However, the new policy initially created tension in the PS volunteer teams since many of them relied on the old incentive as livelihoods support. This affected implementation of activities during the first quarter. As the transition progressed, the Red Cross continued to sensitize them on the principle of voluntary service of the International Red Cross and Red Crescent Movement and engaged in discussions to retain them in the programme. More than 160 volunteers out of the 220 trained in 2010 and 2011 have decided to remain in the programme.

In its efforts to contribute to empowering youth to take up leadership role in influencing mindsets in their communities, the PS team has introduced volunteers to guided workshops for adolescents, using the IFRC's Youth as Agents of Behavioural Change (YABC) methodology adapted to the programme's needs and the Haitian context. The first training in this direction was held in March 2012 with 17 participants in attendance. In addition, the HRC PS programme in collaboration with the Italian Red Cross co-facilitated a training of trainers on the YABC methodology during the International Youth Conference organized prior to the Inter-American Conference in Haiti. The training was attended by more than 50 youths from the Americas zone including 19 Haitian Red Cross volunteers. The HRC PS programme also trained 60 volunteers on basic psychosocial support activities during the first quarter of 2012. As part of its partnerships with Sport Sans Frontières (Sports without Borders), nine volunteers of the psychosocial support programme started a training of trainers on socio-sporting activities.

The PS team has concluded plan to provide psychosocial support services to patients in 5 health facilities at Cite Soleil, Chancerelles, Martissant and Carrefour Feuilles in the Ouest Departement. The team has organized follow up training in psychological first aid (based on active listening techniques) for 22 volunteers from these areas with the aim to improve quality of service to the targeted health facilities.

In addition, the IFRC/HRC health department activated its PS emergency response network and deployed five volunteers to provide psychological first aid and support to families and individuals affected by landslides that killed nine people in Morne-Calvaire, in the Port-au-Prince area during the first quarter of 2012.

The PS programme reached 588 beneficiaries in January and February, and 2,538 during the month of March when activities resumed after the transition to the new volunteer policy.

In HIV and AIDS programming, the IFRC/HRC has commenced facilitating a common understanding amongst Movement and non-Movement partners on the strategic direction to take on HIV and AIDS. The step was a follow

up to the orientation meeting attended by the American Red Cross, the Finnish Red Cross, the German Red Cross, the Netherlands Red Cross, ICRC, HRC, IFRC and some external partners including MSPP, UNAIDS, UNDP, the network of PLHIV and the MSM community in March 2012 in Port-au-Prince. The health team is working on some of the key recommendations made at meeting which include the involvement of the HRC in the national response to HIV and AIDS, partnership building and coordination mechanism. Most significantly, the HRC management recommended the extension of partnership and services to PLHIV and MSM, which also would imply the introduction of new tools. The meeting also agreed and set up a working group on HIV with the responsibility of working collectively to strengthen Red Cross coordination and implementation of HIV prevention activities.

The IFRC/HRC health team introduced the HIV and AIDS training materials to HIV stakeholders during a training session organized by the team in March 2012 in Port-au-Prince. The training materials jointly developed by the IFRC/SAFAIDS/WHO focused on topics such as HIV prevention, treatment, care and support. Other materials presented during the session were those on the reduction of stigmatization and discrimination, gender-based violence, monitoring and evaluation developed by the MSPP. Participants at the training are expected to strengthen HIV and AIDS prevention activities in their respective communities. The training also provided the opportunity to expand partnership with the MSPP and UNICEF who co-facilitated during the training. In addition, 15 out of the 35 participants at the training were selected to participate in other systematic training of trainers' sessions in the future.

**Challenges:** The health team continued to face the same challenges regarding the new management policy for volunteers. The policy has considerable influence on the number of beneficiaries and the number of key activities that can be carried out. Volunteers must be motivated, monitored and encouraged to conduct the different activities planned. Merging the cholera programme with health programme at the end of the cholera operation in February 2012 was another key challenge because of lack of adequate resources to continue with cholera prevention activities.

## 2. Disaster Risk Management

**Goal: Reduce community-level risks and disaster impacts through enhanced disaster and risk management capacity of Haitian Red Cross (HRC) at local, regional and national levels. HRC's national role will be further enhanced through political advocacy for mainstreaming disaster risk reduction within national development and institutional policies and strategies and through scaled-up participation in the National Disaster and Risk Management System structure at all levels**

**Objective 1:** Vulnerable communities have increased knowledge, skills and resources to conduct disaster mitigation, preparedness and response activities

- To set up and equip three community-based response teams by 31 December 2012.
- To reach three (3) camps/communities with mitigation micro-projects by 31 December 2012

**Key Activities:**

- In urban and rural environment, reinforcement/establishment of community brigades and provision of technical and practical skills to manage first response and disaster preparedness initiatives
- Natural hazards awareness raising in general public, community leaders, teachers and students
- Community-based health and first aid awareness creation amongst community leaders and school children
- Conduct vulnerability and capacity assessment and through this process identify where social micro-projects can be developed

**Progress:** The disaster risk management department organized bi-monthly meetings with HRC internal and external partners to discuss how to strengthen community intervention teams. The meetings focused on strengthening their capacities in emergency response in their respective communities. The volunteers who are members of the teams are also involved in mitigation activities to reduce the vulnerability of the population to disasters. The meetings provided a forum to share experience and results that contribute to improving the capacities of the community intervention team.

Within the framework of integrated projects development, the DRM team and the American Red Cross carried out a joint evaluation mission in the north of the country from 26 February to 3 March 2012. The purpose was to assess ongoing disaster risk reduction, water and sanitation, and health and care activities in targeted communities in the north. The evaluation visit focused on most vulnerable communities of Baho, La Victoire, Pilate, Ranquite and Borgne. The team recommended the strengthening of the capacities of the HRC local branches and scaling up of ongoing integrated projects.

In its efforts to improve community livelihoods support, the Haitian Red Cross DRM department had a meeting with the Red Cross Technical Movement Coordinator for Livelihoods. The meeting focused on how to integrate livelihoods into the DRM operational plan 2012-2015 that could create opportunities for target communities to access funds to start up livelihoods activities within the framework of social micro-projects. In the same area, the HRC DRM also participated in a coordination meeting on livelihoods with the German Red Cross, Netherlands Red Cross and the IFRC shelter department.

**Objective 2:** Enhanced institutional Haitian Red Cross capacity for risk and disaster management at national and community levels

- To train 275 volunteers on DRM subjects by 31 December 2012
- Thirteen (13) HRC regional branches have strengthened their disaster and risk management capacity by 31 December 2012

**Key Activities:**

- Conduct nation-wide trainings aimed at building the capacity of HRC volunteers to initiate and implement community-based risk reduction activities, and enable volunteers to respond to emergencies more efficiently and effectively.
- Strengthen the service delivery capacity of the HRC National Training Centre
- Conduct emergency simulation exercises.

**Progress:** From 1 March to 4 March 2012, the DRM team organized training on contingency planning and carried out a revision of the contingency plan for the Sud-Est department in Jacmel. The DRM department has trained 20 representatives from local branches on contingency planning process. Participants expressed their commitments to use the knowledge acquired during the training to develop contingency plan at their respective community branches.

The HRC DRM team supported the French Red Cross in the organization of a workshop on information dissemination during disaster. Fifty journalists from the local and national media participated in the workshop that aimed at informing them on the potential disaster risks in Haiti, protection measure to adopt during disasters and improving their reporting capacity during disasters.

The HRC National Training Centre has developed additional tools to strengthen its training capacity. The centre has developed and adapted new modules translated into Creole to facilitate understanding. The new modules have also received the approval of the Direction de la Protection Civile (DPC), the government agency in charge of disaster risk management. The modules are *Protected school, Floods and Community first aid* for use in schools, and four other modules for use in the communities. They are *Community first aid, Social micro-projects, Education, Organization and Community Preparedness for Risk Reduction and Management of temporary shelters*. The translated modules meant for community disaster preparedness will facilitate their use and understanding by the target population in preparing for any disaster in their community. The centre organized a meeting with the leadership of the HRC regional branches to discuss the development of a plan of action that will include the process of decentralization of the centre starting with the selection of two training focal points for each of the branches.



Some of the new training modules developed by the training centre.HRC

The training centre has collaborated with the IFRC secretariat shelter department, PNS (such as the French, German and Netherlands Red Cross Societies) and other organizations such as IOM, World Vision, Caritas Switzerland, GVC/WHH, CINA (National Cement Company) to facilitate training in community-based first aid, early warning system, VCA, community shelter management and “protected school”. During this reporting period, 489 persons participated in these training sessions between.

The HRC and the American Red Cross met with members of the Mairie of Cabaret community on the construction of a community disaster centre. The centre when completed will provide rapid and effective response to the community during disaster. The HRC also met with the American Red Cross coordinator in Arcahaie and Cabaret to discuss progress on the mitigation projects in the zone.

The HRC DRM team supported the South, North-West and Central plateau regional branches during the Haiti 2012 National Carnival show. The Red Cross provided first aid to 45 persons injured during the carnival (39 minor cases and 6 severe cases) with two of them referred to health facilities for further treatment. The team also had the opportunity of meeting with the management of the local branches in these regions on how to increase DRR activities in their communities.

The department organized a workshop to share experience and lessons learnt from the Kouri Di Vwazen'w (KDV) project in 2011. KDV is an information dissemination strategy where neighbours inform each other on steps to take before, during and after a disaster. The 13 regional branch presidents and 13 focal points from these branches participated in the workshop.

The Haitian Red Cross DRM department presented its activities to a visiting delegation of the DG-ECHO (Brussels) in February 2012. The presentation with the objective to build on confidence and reinforce collaboration with ECHO partners in disaster risk reduction (DRR) was attended by the French Red Cross, the German Red Cross and the Spanish Red Cross at the HRC headquarters. The DRM team presented its activities to a delegation of the European Parliament during the latter's visit in February 2012. The DRM team also presented its DRR activities to the Director of the IFRC's Americas zone office during a visit to Base Camp in the first quarter of 2012.

The DRM team met with the IFRC reporting team on the finalization and adoption of the reporting tools jointly developed for the HRC branches. The tool developed will assist the regional and local branches in the collation of information regarding disaster risk management activities at their respective levels.

**Objective 3:** Increased HRC coordination and advocacy for comprehensive disaster and risk management within national policies and institutional framework.

**Key Activities:**

- Intensify the participation of the HRC within the national system structures in the elaboration of policies about the legal framework and the recovery strategy

**Progress:** The DRM team actively participated in the Inter-American Conference, and organized an exhibition on sensitization tools on disaster risk reduction at the conference exhibition village. The materials were mainly to sensitize the population on the attitude to adopt before, during and after any disaster.

**Challenges:** Haiti needs to put in place a national emergency operation centre with the participation of all stakeholders in disaster management. Such a system will contribute to strengthening and improving coordination at the national and regional levels among actors in disaster management during emergency in the country.

### 3. Ambulance Services

**Goal: To strengthen Haitian Red Cross capacity to respond to natural disasters through its national ambulance service.**

**Objective 1:** Capacity building: The Haitian Red Cross ambulance service is well staffed with trained personnel, volunteers, equipment and tools.

**Key Programme Activities**

- First aid training and refresher workshop for ambulance volunteers
- Training of medical doctors in classification and stabilization of disaster-affected people

**Objective 2:** Tool development: The Haitian Red Cross ambulance service has the necessary tools and equipment for emergency response.

**Key Programme Activities:**

- Acquisition of first aid material and equipment
- Acquisition of ambulances
- Construction of simulation site

**Objective 3:** Coordination: The HRC ambulance service is well integrated in coordination mechanisms of the Red Cross and Red Crescent and external partners such as the Haitian state, particularly the Ministry of Public Health and the Civil Protection.

**Key Programme Activities**

- Attend/conduct regular meetings among partners
- Participate in national clusters and other coordination mechanism

**Progress:** IFRC has contracted a consultant to evaluating the current ambulance services of the Haitian Red Cross and assessing the branches and hospitals in the regions to propose a draft of a possible plan of action. The assessment includes mapping of HRC branches and reference hospitals in the country, IT & Telecom infrastructure, legislation about ambulances and patient evacuation in Haiti, inventory and conditions of the HRC ambulance fleet, budget for 2012 and level of training of the volunteers involved in ambulance/first aid services.

## An Enabling Environment: Support to Programmes

### a. Movement Coordination

The Technical Movement Coordination embarked on a 2012 work plan starting with a team retreat in January followed by a review of the Movement Cooperation Framework in February. Focus in 2012 will include integration, evaluation and learning. The operation will hire a consultant to support the design of a Haiti impact evaluation framework for the combined work of the IFRC Secretariat and the membership for several months beginning in mid-2012. Along with other Secretariat team that supports Movement Cooperation, the TMC team will help to address the findings and recommendations of the Movement Coordination Framework review. While there were several findings and recommendations for the current operation (see full report in the IFRC Evaluation database at <http://www.ifrc.org/en/publications-and-reports/evaluations/>). The consultant also made several recommendations for future operations. These include:

- a) Early scale up of capacity** - It is effective to include Movement Coordination in FACT and deploy a delegate with responsibility as fast as possible to enable the establishment of coordination functions and processes from the beginning;
- b) Understanding coordination-** There is a need for greater understanding among managers and delegates alike regarding coordination including their own roles and responsibilities to make it successful as well as expectations and roles of Movement coordinators;
- c) Toolkit-** There is a wealth of experience from Haiti regarding the tools of coordination such as templates for mapping activities of members. The IFRC could develop them into a "toolkit" for future coordinators to build on;
- d) Prepare host National Society leadership** - Contingency planning for future emergencies in countries with a high degree of vulnerability to a major disaster should prepare the host National Society's senior management for their role in future coordination mechanisms;
- e) Scale up Movement coordination capacity** - It was difficult to recruit for some coordination positions. The Movement should build up its pool of coordinators by providing particular skills and recruiting a pool of personnel able to take on that role. Needed roles are likely to be in the technical programme areas (health, water and sanitation, shelter, livelihoods) that make up Movement programmes as well as in key areas of organizational development and communication and humanitarian diplomacy;
- f) Coordination of PNS as donors** - If any member in an emergency response takes on the role of being a major donor it needs to distinguish clearly in presentation of its work between its activities as donor and implementer. There is also the need to clarify the extent to which these activities are coordinated within the Movement's Framework;
- g) Critical factors** - Key factors for successful coordination are that mechanisms and relations between members are inclusive, transparent, based on trust and the coordination mechanism has some stability. These aspects do not come automatically and require leadership and frank discussion by the members to put in place and maintain;
- h) Resourcing coordination** - The full costs and benefits of coordination need to be made explicit and be supported by the membership.

In the coming weeks, the IFRC Haiti delegation will work with the membership in ensuring a clear management response plan to the recommendations.

The IFRC has completed the shelter programme evaluation during January 2012 while the water and sanitation evaluation commenced in March. The Haiti operation also hosted the IFRC High Level Focus Group (HLFC) during the first quarter of the year. Preparation for the Haiti Learning Conference in April 2012 was ongoing during this period.

#### **b. Beneficiary Communications**

The IFRC beneficiary communication scaled up its activities with hygiene promotion and malaria campaigns using SMS and Radyo Kwa Wouj radio shows to deliver key hygiene promotion and malaria prevention messages. The beneficiary communications team delivered close to 2 million SMS nationwide while the radio shows responded to 25 questions from listeners. The IFRC included a sound truck in the malaria campaign and reached 125 camps and communities with key messages. The sound truck also reached 23 sites with messages on first aid.

Red Cross beneficiary communications campaign provided people with advice and information on staying safe during the 2012 carnival period in February. The campaign delivered messages on first aid tips, cholera prevention, sexual health, good hygiene practices and personal safety advice. The sound truck travelled all over Port-au-Prince visiting 44 camps and communities. Radyo Kwa Wouj also broadcast special shows on prevention of cholera at the carnival, personal safety and safe sexual health practices.

The team supported the Red Cross tuberculosis (TB) prevention campaign during the World TB Day by visiting 46 sites to deliver TB prevention messages. The team reached more than 800,000 persons with TB prevention messages in the country through SMS.

To enhance its reach, the IFRC beneficiary communications programme launched the Red Cross in Haiti Twitter account in March 2012. The new Twitter account will provide Haitians with another source of information on topics such as health and disaster preparedness, as well as regular updates on the work and services of the Red Cross. The Red Cross in Haiti can be followed through **@kwawouj** or by sending an SMS with **FOLLOW KWA WOUJ** to **40404** from any Haitian mobile phone.

The IFRC supported the American and French Red Cross Societies disaster management teams with the uploading of lists of their vigilance committees to the SMS system to enable them to keep in touch with thousands of their community volunteers by SMS. The team also supported the British Red Cross to communicate key information about training courses to beneficiaries on their livelihoods programme through SMS service. The IFRC used its sound truck service to support the British Red Cross to promote small business training to beneficiaries in Delmas 19 by visiting the community six times.

The beneficiary communications department worked with shelter and water & sanitation departments to design and print posters on information on toilet cleanliness at La Piste and Annexe de la Mairie camps. Beneficiary communications contributed to the cholera handover plan, detailing the support available from beneficiary communications and how this can be activated in the event of an increase in cholera cases. The team supported the decongestion programme at Maïs Gaté and Caradeux camps. In addition, the team organized a photography training course for the IFRC shelter community team to help improve their pictures used in reports, assessments and registrations. A beneficiary communications exit strategy was agreed and developed for Annexe and La Piste camps to support the shelter team in scaling down activities in both camps. The team has produced a beneficiary communication strategy for the INA programme in Delmas 30. The strategy aim to explain the INA process to residents and give them an opportunity to provide feedback.

The team made a presentation at the Disaster Management workshop for journalists to promote the beneficiary communications tools used by the Red Cross to more than 50 Haitian journalists. The beneficiary communications provided support to the shelter community team at La Piste when the community of persons with hearing disabilities in the camp were offered permanent housing solution in another town by an organization called *410 Bridge*. The organization focuses its activities on persons with hearing disabilities. The IFRC produced leaflets to outline what the move would mean and put up posters throughout the camp.

The team has finalized and signed the design of the new Red Cross 2-way telephone line. Following this, Vocantas, the company building the system, can start to load all the information onto servers ready for shipping to Haiti. The promotional plan for the launch of the IVR was developed further, and work to install the IVR servers began at Digicel and Voila (mobile telephone service providers in Haiti).

In building the capacity of the Haitian Red Cross, the IFRC has recruited a deputy manager into the beneficiary communications team. The newly recruit will be trained to take over the function of the IFRC Beneficiary Communications Delegate in 2013, when the IFRC communication department closes. This role will work closely with the Haitian Red Cross, in particular the communications team, during 2012 to integrate beneficiary communications tools and approaches into the Haitian Red Cross. The programme also recruited a radio presenter during this period.

The IFRC beneficiary communications organized a four-day radio skills training course in January 2012. The course facilitated by Internews and C3 Group saw the existing radio team of three, plus an additional eight new volunteers, trained in planning radio show, presenting, recording field interviews, editing and producing. The course was a huge success with all participants providing extremely positive feedback on the skills learned and the methodology used. The new team of Radyo Kwa Wouj volunteers will now dedicate a minimum of two afternoons per month to Radyo Kwa Wouj and get involved in all aspects of the show.

The beneficiary communications team participated in the Inter-American Conference and made a presentation on its activities to 11 National Societies. The presentation generated a lot of interest and enquiries on the work in Haiti.

**Overview of beneficiary communications data:**

FACT BOX – BENEFICIARY COMMUNICATIONS – FROM JANUARY 2010 TO 31 March 2012	
SMS DELIVERED:	84 MILLION
PEOPLE REACHED BY SMS:	1.3 MILLION
RADIO HOURS:	141 HOURS
CALLS ANSWERED ON RADIO SHOW (from 01 Jan 2011)	1,092 calls
CAMPS REACHED BY SOUNDTRUCK:	874 camps
CALLS TO RED CROSS INFO LINE:	1.1 million
CALLS TO NOULA QUESTIONS & COMPLAINTS LINE	4,028 calls

### c. Support Services

#### Communications

The second anniversary of the Haiti 2010 earthquake saw a renewed focus on Haiti in the media, with journalists reporting on the current situation, the challenges and the achievements. Global media monitoring shows extensive coverage, with the Red Cross Red Crescent appearing in over 1,000 articles.

The IFRC communications team released the Haiti earthquake 2-year progress report in January 2012, spanning the Red Cross Red Crescent operations from January 2010 to November 2011, focusing on the second year of the operation. Using Federation-Wide Reporting, the report also provides a narrative description of the key programmes and the priorities of moving forwards. The report can be found at [http://ifrc.org/Global/Publications/disasters/1211100-Haiti-earthquake-2-years-report\\_EN.pdf](http://ifrc.org/Global/Publications/disasters/1211100-Haiti-earthquake-2-years-report_EN.pdf)

To support National Societies in their communications, the IFRC produced a number of products that include an Issues Brief – looking at why up to half a million people are still in camps and series of beneficiary profiles. The final episode of *Recovering Hope*, which has followed three women as they try and rebuild their lives with the support of livelihoods grants, was also shared on the IFRC YouTube Channel: <http://www.youtube.com/user/ifrc/videos?query=Recovering+Hope>

The IFRC communications team facilitated the organization of a press conference in Port-au-Prince to launch the Inter-American Conference with a number of Haitian journalists attending and follow up interviews provided with key senior spokespeople. The team also provided briefing materials and videos for distribution at the conference.

#### Logistics

The IFRC logistics department carried out the reorganization of the warehouses in Barbancoourt and Woodstock, Port-au-Prince. Key areas of focus were management of unaccounted for and damaged stocks, stock transaction, bin card and stock card systems, paper trails and filing systems. At the end of the exercise, the logistics team completed and updated all stock inventories in the warehouse with the Logic system.

Furthermore, the IFRC has donated 400 shelter tool kits, 25 pieces of 82m<sup>3</sup> tents, 25 tanks with 530-gallon capacity each and some buckets to local NGOs and charity organizations. About 70 percent of the items in the warehouse were damaged and subsequently disposed at the government disposal yard in Port-au-Prince while medical items such as tablets and pills were sent to the disposal unit of the UN Stabilization Mission in Haiti (MINUSTAH) where they were incinerated in accordance to WHO guidelines. The disposal operation is scheduled to be completed in April 2012. The delegates in both warehouses continued to focus on capacity building of the national staff working with the logistics team.

The fleet management activities focused on the implementation of the fleet plan of action 2012 and the quality control management system with periodic fleet evaluation and monitoring tools designed for this purpose. The fleet team has returned two vehicles to Dubai as part of the re-export procedure. The IFRC has finalized the fleet's transition strategy documents for validation and implementation. The IFRC fleet continued to support the Haitian Red Cross in the construction of the ambulance centre's dispatch office and finalization of the ambulance washing facility project.

In addition, the IFRC fleet team supported the Inter-American Conference (IAC) hosted by the HRC. During the conference, the fleet team provided transportation for 5,130 persons. The team has trained over 50 drivers from PNS and HRC in heavy and light fleet vehicles.

### Base Camp

The IFRC continued to support the HRC in the infrastructural development and upgrading in the Base Camp. The Base Camp management has finished work on the sewage line from the main kitchen as recommended in the audit report and installed new garbage bins in strategic locations in the camp. To reduce costs on electricity, the IFRC is investing in a power grid for the Base Camp, which when completed will replace the rented generators supplying electricity in the camp. The Base Camp management has commenced inventory of the entire camp and internal procedures for disposal of items. Preparatory work has commenced on moving part of IFRC Woodstock items into base camp. During the IAC and the Americas zone's International Youth conference, base camp actively supported the HRC and the IFRC zone office with accommodation and hosting of some of the activities especially those related to the youth gathering.

### Human resources

The IFRC human resources (HR) team in Haiti completed and initiated some key HR projects to improve international and national staff welfare, and HR performance within the HRC, PNS and the IFRC secretariat. The HR team has launched the management programme for provisional/occasional workers also known as daily workers with the completion of the policy on provisional workers. HR has also drafted the IFRC National staff HR policy and forwarded it to the secretariat's Legal unit in Geneva for validation. The IFRC HR department rolled out the national staff performance management/evaluation procedures in March. The HR team has trained departmental staff and managers/supervisors on objectives setting, mid-term and year-end review processes.

HR has introduced the compensation tool for Red Cross national staff and this involved a job re-classification exercise to harmonize salaries in line with the Movement's salary scale approved in November 2011. The Turbo HR/payroll system is now operational for the IFRC, the British, Spanish, American and German Red Cross Societies. As the HRC and the French Red Cross are still testing the system, the HR team is carrying out additional customization for all PNS, the HRC and IFRC to address specific needs unique to each group. The new tool replaces the previous manual payroll systems.

The IFRC HR department in Haiti organized the IMPACT course for Haiti during the month of February 2012 with 30 participants attending. The department has trained national staff on the *Code of Conduct*, Induction and Outplacement training for the IFRC and PNS in accordance with HR exit strategy. The IFRC has signed a MoU on helicopter ambulance service with the MINUSTAH and commenced drafting a proposal for a sustainable project plan for the Staff Health Clinic.

### Security

The IFRC security department ensures security of Red Cross personnel and property in Haiti. The team shared weekly security updates with IFRC personnel in country, Red Cross partners, the zone office in Panama and the secretariat office in Geneva. The team continued to send security alerts to delegates and other IFRC personnel through SMS. New delegates to Haiti received security briefings from the department upon arrival. The security team continued to conduct briefing and training sessions for newly recruited international and national staff. The team also provided adequate security support during the IAC and the International Youth Conference.

## Contact information

**For further information specifically related to this operation, please contact:**

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## How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Disaster Response (Sphere) in delivering assistance to the most vulnerable.

The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

[www.ifrc.org](http://www.ifrc.org)

**Saving lives, changing minds.**



The IFRC's work is guided by *Strategy 2020*, which puts forward three strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disaster and crises.
  2. Enable healthy and safe living.
  3. Promote social inclusion and a culture of non-violence and peace.
-

**MDRHT008 - Haiti - Earthquake**

Appeal Launch Date: 13 jan 10

Appeal Timeframe: 13 jan 10 to 31 dec 14

**Interim Report**
**I. Funding**

Selected Parameters	
Reporting Timeframe	2010/01-2012/03
Budget Timeframe	2010/01-2014/12
Appeal	mdrht008
Budget	APPROVED

All figures are in Swiss Francs (CHF)

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
<b>A. Budget</b>	<b>126,398,497</b>	<b>46,151,222</b>	<b>22,482,445</b>	<b>58,806</b>	<b>52,188,641</b>	<b>247,279,611</b>	
<b>B. Opening Balance</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	

**Income**
**Cash contributions**

<i>Albanian Red Cross</i>	15,828					15,828	
<i>American Red Cross</i>	22,181,008	15,253,432	1,308,224		48,800	38,791,464	
<i>Andorran Red Cross</i>	71,872					71,872	
<i>Antigua and Barbuda Red Cross</i>	108,684					108,684	
<i>Arcos Dorados B.V.</i>					1,215,429	1,215,429	
<i>Argentine Red Cross</i>	-105,986				378,902	272,916	
<i>Armenian Red Cross Society</i>	2,098					2,098	
<i>Australian Red Cross</i>	3,320,100	516,150			305,334	4,141,584	
<i>Australia - Private Donors</i>	439					439	
<i>Austrian Red Cross</i>	36,629	319,156			411,795	767,581	
<i>Bain &amp; Co. Inc.</i>	46,921					46,921	
<i>Bangladesh Red Crescent Society</i>	1,099					1,099	
<i>Baphalali Swaziland Red Cross Society</i>	6,889					6,889	
<i>Belarus Red Cross</i>	14,935					14,935	
<i>Belgian Red Cross</i>	16,562					16,562	
<i>Belgian Red Cross (Flanders)</i>	61,454					61,454	
<i>Belgium - Private Donors</i>	14,682					14,682	
<i>Belize Red Cross Society</i>	82,107				259,556	341,663	
<i>Bolivia Private Donors</i>	830					830	
<i>Botswana Red Cross Society</i>	28,788	0				28,788	
<i>British Red Cross</i>	2,932,772	822,375			22,659	3,777,806	
<i>Bulgarian Red Cross</i>	143,520				148,680	292,200	
<i>Cambodian Red Cross Society</i>	10,415					10,415	
<i>Cambodia - Private Donors</i>					724	724	
<i>Canada - Private Donors</i>	264					264	
<i>Canadian Government</i>	41,158					41,158	
<i>CARE International</i>	68,280					68,280	
<i>Caribbean Airlines</i>					2,289	2,289	
<i>CERN Staff Association</i>	17,000					17,000	
<i>Chilean Red Cross</i>	353,392				193,652	547,044	
<i>China Red Cross, Hong Kong branch</i>	965,451	1,660,187				2,625,638	
<i>China Red Cross, Macau Branch</i>					103,000	103,000	
<i>Colombian Red Cross Society</i>	431,143					431,143	
<i>Consolidated Contractors Co. (CCC)</i>	72,020					72,020	
<i>Costa Rican Red Cross</i>	1,294,952	15,015			73,828	1,383,795	
<i>Credit Suisse</i>	16,162					16,162	
<i>Croatian Red Cross</i>	95,196				206,479	301,675	
<i>CWT Beheermaatschappij BV</i>	0	66,409			37,736	104,145	
<i>Cyprus - Private Donors</i>	135					135	
<i>Czech Government</i>	81,808	0				81,808	
<i>Czech private donors</i>	7,300					7,300	
<i>Czech Red Cross</i>		165,107				165,107	
<i>Danish Red Cross</i>	608,449	370,406			717,472	1,696,327	
<i>Denmark - Private Donors</i>	103					103	
<i>Dominica Red Cross Society</i>	66,225				39,520	105,745	
<i>Economist Group</i>	16,689					16,689	
<i>Egyptian Red Crescent Society</i>					52,010	52,010	
<i>Egypt - Private Donors</i>	513					513	
<i>Ericsson</i>	402,084				111,000	513,084	



MDRHT008 - Haiti - Earthquake

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Interim Report

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Estonia Government	235,246					235,246	
Estonia Red Cross	66,946					66,946	
Ethiopian Red Cross Society	3,000					3,000	
European Commission - DG ECHO	1,826,195					1,826,195	91,843
European Economic & Social Committee (EESC)	19,887					19,887	
Finnish Red Cross	9,290					9,290	
Fixed Mobile Convergence Alliance (FMCA)	11,581					11,581	
France - Private Donors	464					464	
French Red Cross	44,342					44,342	
GDF Suez					10,613	10,613	
German Red Cross	147,264		606,478			753,742	
Germany - Private Donors	621				7,168	7,790	
Ghana Red Cross Society					13,151	13,151	
Great Britain - Private Donors	16,412					16,412	
Guatemalan Red Cross	66,500	-18				66,482	
Hellenic Red Cross	73,790					73,790	
Hilton Worldwide	779,047					779,047	
Hungarian Red Cross	41,560					41,560	
Icelandic Red Cross	53,413	92,700				146,113	
IFRC at the UN Inc	1,471,566	899,740			52,980	2,424,285	
Indian Red Cross Society	56,484		7,533			64,017	
India - Private Donors	308					308	
Iranian private donors	74					74	
Ireland - Private Donors	2,582				21,386	23,968	
Irish Government					368,895	368,895	
Irish Red Cross Society	574,548	1,029,568	718,184	59,725	1,507,978	3,890,003	
Italian Government	267					267	
Italian Government Bilateral Emergency Fund					737,681	737,681	
Italian Red Cross		482,160	1,216,337			1,698,497	
Italy - Private Donors	691					691	
Jamaica Red Cross	478,487					478,487	
Japanese Government	6,308,098					6,308,098	732,366
Japanese Red Cross Society	1,000,000	10,000,000			233,034	11,233,034	
Japan - Private Donors	8,894					8,894	
Jordan - Private Donors	2,059				7,644	9,703	
Kazakhstan - Private Donors	1,645					1,645	
Kuwait - Private Donors	3,156				47,218	50,374	
Kuwait Red Crescent Society	1,052,147					1,052,147	
Latvian Red Cross	5,870					5,870	
Lebanese Red Cross	45,975					45,975	
Liberian Red Cross Society	4,275					4,275	
Libyan Private Donors	4,063					4,063	
Lichtenstein - Private Donors	5,199					5,199	
Liechtenstein Red Cross	-47,581				50,000	2,419	
Lithuanian Red Cross Society	37,296					37,296	
Luxembourg - Private Donors	183					183	
Luxembourg Red Cross	18,466					18,466	
Macedonia private donors	100					100	
Malaysian Red Crescent Society		7,626			3,268	10,895	
Malaysia - Private Donors	31					31	
Malta Red Cross Society	63,699					63,699	
Marriott International Inc.					7,784	7,784	
Mauritius Red Cross Society	70,097					70,097	
McDonald corp.	0	513,084				513,084	
Mexican Red Cross	326,278					326,278	
Mexico - Private Donors	1,026					1,026	
Michelin	50					50	



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Moroccan Red Crescent				32,560	32,560
Morocco Private Donors				16,705	16,705
Namibia Red Cross		39,701		17,015	56,716
Nepal Private Donors	2,039				2,039
Nepal Red Cross Society	1,500				1,500
Nestle	205,655				205,655
Netherlands - Private Donors	1,394				1,394
New Zealand Red Cross	145,678	162,702		865,285	1,173,665
Nicaraguan Red Cross	167,971				167,971
Nigeria private donors	220				220
Norway - Private Donors	10,830				10,830
Norwegian Red Cross	1,460,789	804,398	1,260,847	181,422	3,707,457
Office of the Representative of the Dalai Lama				100,000	100,000
Oman - Private Donors	8,556				8,556
On Line donations	894,656				894,656
OPEC Fund For International Development	538,097				538,097
Other	5,058,698	-1,420	0		5,057,278
Pakistan Private Donors	5,332				5,332
Palau Red Cross Society	6,371				6,371
Peruvian Red Cross	75,674	-2,958			72,717
Polish Red Cross	128,947	0			128,947
Portuguese - Private Donors	147				147
Portuguese Red Cross				737,078	737,078
Procter & Gamble	5,000				5,000
Qatar Red Crescent Society	156,342				156,342
Red Crescent Society of the United Arab Emirates	84,972			80,000	164,972
Red Cross of Cape Verde	396				396
Red Cross of Monaco				73,649	73,649
Red Cross of Montenegro				92,594	92,594
Red Cross of Viet Nam				21,395	21,395
Red Cross Society of China	1,274,679			2,273,263	3,547,942
Red Cross Society of Côte d'Ivoire	22,354				22,354
Red Cross Society of Georgia	1,000				1,000
Romanian Red Cross				69,633	69,633
Russia - Private Donors	106				106
Saint Kitts and Nevis Red Cross Society	68,876				68,876
Saint Lucia Red Cross		44,398		19,028	63,426
Saint Vincent and the Grenadines Red Cross	90,463				90,463
Saudi Arabia - Private Donors	1,075				1,075
Save the Children				208,095	208,095
Senegal Private Donor	148				148
Seychelles Red Cross Society	39,287				39,287
Singapore - Private Donors	3,405				3,405
Singapore Red Cross Society	634,531			20,836	655,366
(SITA) Ste Intern. Telecomm. Aeronau	77,226				77,226
Slovak Red Cross	159,776	59,729			219,505
Slovenia Government	73,746				73,746
Slovenian Red Cross	106,663			1,783	108,446
Soft Choice Corporation				23,069	23,069
Sonesta Maho BC				26,582	26,582
South Africa - Private Donors	105				105
Spain - Private Donors	15,228				15,228
Spanish Red Cross	729,311	219,587		405,734	1,354,632
Sphene International Ltd	528,081			1,042,000	1,570,081
Sri Lanka - Private Donors	1,036	1			1,037
SSI (Survey Sampling International)	20,638				20,638
Suriname Red Cross	267,126		187,731	146,064	600,921



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Swedish Red Cross	7,446,136	734,308	1,477,170		422,932	10,080,546		
Swiss Red Cross	66,135					66,135		
Switzerland - Private Donors	41,042				400	41,442		
Synovate Inc.	30,203					30,203		
Syrian Arab Red Crescent	10,027					10,027		
Tajikistan - Private Donors	103					103		
Thailand - Private Donors	52,443					52,443		
Thasia International Development Ltd	53,637					53,637		
The Bahamas Red Cross Society	52,868				622,924	675,792		
The Barbados Red Cross Society	413,594					413,594		
The Canadian Red Cross Society	30,871,335	4,978,111	10,570,905		8,538,490	54,958,840		
The Gambia Red Cross Society	1,591					1,591		
The Guyana Red Cross Society		48,655			20,852	69,507		
The Netherlands Red Cross	6,715,980	2,995,720				9,711,700		
The Red Cross of Serbia & Montenegro	173,201					173,201		
The Red Cross of The Former Yugoslav Rep.Macedonia	47,581				47,581	95,161		
The Red Cross Society of Bosnia and Herzegovina	71,953				130,768	202,721		
The Republic of Korea National Red Cross	1,455,091	250,060				1,705,151		
The South African Red Cross Society	286,805					286,805		
The Thai Red Cross Society	3,026,310				1,346,248	4,372,558		
The Trinidad and Tobago Red Cross Society	1,262,754					1,262,754		
Thomson Reuters	14,048					14,048		
Trinidad & Tobago - Private Donors		9,952			5,095	15,046		
Ukrainian Red Cross Society	9,303					9,303		
Unidentified donor	5,199					5,199		
United Arab Emirates - Private Donors	13,084					13,084		
United States - Private Donors	18,089					18,089		
Uruguayan Red Cross					14,205	14,205		
VERF/WHO Voluntary Emergency Relief	7,000					7,000		
WIPO /OMPI staff	1,570					1,570		
Xstrata AG	322,534				186,371	508,906		
Zambia Red Cross Society	234					234		
Zurich Insurance Company					239,923	239,923		
Z Zurich Foundation	250,000					250,000		
<b>C1. Cash contributions</b>	<b>114,215,529</b>	<b>42,556,044</b>	<b>17,353,409</b>		<b>59,725</b>	<b>25,427,246</b>	<b>199,611,954</b>	<b>824,209</b>

**Inkind Goods & Transport**

American Red Cross	11,994,165					11,994,165	
Austrian Red Cross	570,822					570,822	
Belgian Red Cross	254,806					254,806	
Belgian Red Cross (Flanders)	1,054,080					1,054,080	
British Red Cross	1,255,290					1,255,290	
Canadian Government	909,447					909,447	
China Red Cross, Hong Kong branch	814,268					814,268	
Croatian Red Cross	140,097					140,097	
Danish Red Cross	113,195					113,195	
Finnish Red Cross	161,242					161,242	
French Red Cross	721,874					721,874	
Icelandic Red Cross	52,514					52,514	
Kuwait Red Crescent Society	362,340					362,340	
Luxembourg Red Cross	348,512					348,512	
Norwegian Red Cross	214,548					214,548	
Red Crescent Society of the United Arab Emirates	236,100					236,100	
Spanish Red Cross	464,194					464,194	
Swiss Red Cross	1,017,467					1,017,467	
Syrian Arab Red Crescent	154,257					154,257	
The Canadian Red Cross Society	1,008,789					1,008,789	
The Netherlands Red Cross	4,669,405					4,669,405	



## MDRHT008 - Haiti - Earthquake

Appeal Launch Date: 13 jan 10

Appeal Timeframe: 13 jan 10 to 31 dec 14

## Interim Report

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Appeal	mdrht008
Budget	APPROVED

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<b>C2. Inkind Goods &amp; Transport</b>	<b>26,517,414</b>				<b>26,517,414</b>		
<b>Inkind Personnel</b>							
American Red Cross	169,470	18,503			258,440	446,413	
Australian Red Cross	114,667	39,750			170,650	325,067	
British Red Cross	47,000	7,500			113,427	167,927	
Danish Red Cross	99,550	45,250				144,800	
Finnish Red Cross		80,623			151,033	231,656	
French Red Cross	0					0	
Icelandic Red Cross		46,000			31,570	77,570	
Japanese Red Cross Society		647,321				647,321	
New Zealand Red Cross	55,807				45,873	101,680	
Norwegian Red Cross		13,787			26,400	40,187	
Other	20,387	144,410			4,450	169,247	
Spanish Red Cross	137,050					137,050	
Swedish Red Cross					92,660	92,660	
Swiss Red Cross	34,250					34,250	
The Canadian Red Cross Society	32,267	241,203			432,266	705,736	
<b>C3. Inkind Personnel</b>	<b>710,448</b>	<b>1,284,347</b>			<b>1,326,769</b>	<b>3,321,564</b>	
<b>Other Income</b>							
Balance Reallocation	72,560			-920	0	71,640	
Fundraising Fees	-297,318	-1			-15,513	-312,832	
IFRC at the UN Inc allocations	31,487					31,487	
Interest Allocation to Programmes	52,155					52,155	
Programme & Services Support Recover	21,151				829,000	850,151	
Services Fees	474,850	36,894			389,430	901,174	
Sundry Income	98	27,566			76,631	104,295	
<b>C4. Other Income</b>	<b>354,983</b>	<b>64,458</b>		<b>-920</b>	<b>1,279,548</b>	<b>1,698,069</b>	
<b>C. Total Income = SUM(C1..C4)</b>	<b>141,798,375</b>	<b>43,904,849</b>	<b>17,353,409</b>	<b>58,805</b>	<b>28,033,563</b>	<b>231,149,001</b>	<b>824,209</b>
<b>D. Total Funding = B + C</b>	<b>141,798,375</b>	<b>43,904,849</b>	<b>17,353,409</b>	<b>58,805</b>	<b>28,033,563</b>	<b>231,149,001</b>	<b>824,209</b>
<b>Coverage = D/A</b>	<b>112%</b>	<b>95%</b>	<b>77%</b>	<b>100%</b>	<b>54%</b>	<b>93%</b>	

## II. Movement of Funds

	Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination	TOTAL	Deferred Income
<b>B. Opening Balance</b>	0	0	0	0	0	0	
<b>C. Income</b>	141,798,375	43,904,849	17,353,409	58,805	28,033,563	231,149,001	824,209
<b>E. Expenditure</b>	-106,365,328	-25,873,983	-15,619,648	-58,805	-20,350,166	-168,267,929	
<b>F. Closing Balance = (B + C + E)</b>	35,433,048	18,030,866	1,733,762	0	7,683,396	62,881,072	824,209

Selected Parameters	
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### III. Expenditure

Account Groups	Budget	Expenditure					TOTAL	Variance
		Disaster Management	Health and Social Services	National Society Development	Principles and Values	Coordination		
A		B					A - B	
<b>BUDGET (C)</b>	<b>126,398,497</b>	<b>46,151,222</b>	<b>22,482,445</b>	<b>58,806</b>	<b>52,188,641</b>	<b>247,279,611</b>		
<b>Relief items, Construction, Supplies</b>								
Shelter - Relief	40,185,717	18,404,288	38,796		301	18,443,386	21,742,331	
Shelter - Transitional	4,883,476	14,812,264	161,295		205,086	15,178,645	-10,295,169	
Construction - Housing	11,575	11,575			62,564	74,139	-62,564	
Construction - Facilities	17,257	313,375	779		200,763	514,917	-497,660	
Construction Materials	2,771,094	3,730,810	475,120	18,769	104,666	4,329,365	-1,558,271	
Clothing & Textiles	4,307,739	3,765,208	395,499		1,780	4,162,487	145,253	
Food	319,009	327			311,782	312,110	6,900	
Seeds & Plants		158				158	-158	
Water, Sanitation & Hygiene	20,956,936	13,860,508	5,250,055		53,511	19,164,075	1,792,861	
Medical & First Aid	1,079,729	550,525	56,096	14,125	102,613	723,360	356,370	
Teaching Materials	1,058,555	45,007	171,432		794	217,234	841,321	
Utensils & Tools	4,548,769	4,463,389	1,154		9,350	4,473,893	74,876	
Other Supplies & Services	4,695,430	495,192	190		6,920	502,302	4,193,127	
<b>Total Relief items, Construction, Supl</b>	<b>84,835,286</b>	<b>60,452,627</b>	<b>6,550,417</b>	<b>32,894</b>	<b>1,060,131</b>	<b>68,096,069</b>	<b>16,739,217</b>	
<b>Land, vehicles &amp; equipment</b>								
Land & Buildings	2,974,067	39,668		1,135,179		1,174,847	1,799,220	
Vehicles	1,844,249	273,153	1,570,563			1,843,716	533	
Computers & Telecom	1,098,248	447,149	47,285	23,280	376,000	893,715	204,534	
Office & Household Equipment	647,580	236,663	74,404	44,391	178,115	533,573	114,008	
Medical Equipment	12,775		12,775	17,540		30,315	-17,540	
Others Machinery & Equipment	45,972	23,008	6,955		27,197	57,159	-11,187	
<b>Total Land, vehicles &amp; equipment</b>	<b>6,622,891</b>	<b>1,019,641</b>	<b>1,711,982</b>	<b>1,220,390</b>	<b>581,311</b>	<b>4,533,324</b>	<b>2,089,567</b>	
<b>Logistics, Transport &amp; Storage</b>								
Storage	4,292,904	2,137,655	430,302	15,651	44,245	2,627,853	1,665,051	
Distribution & Monitoring	7,457,163	5,203,324	808,143	121,637	312,872	6,445,975	1,011,188	
Transport & Vehicles Costs	11,807,070	4,905,397	1,526,675	216,424	1,033,274	7,681,770	4,125,300	
Logistics Services	765,039	1,396,353	153,994	2,400	81,732	1,634,479	-869,440	
<b>Total Logistics, Transport &amp; Storage</b>	<b>24,322,175</b>	<b>13,642,728</b>	<b>2,919,114</b>	<b>356,111</b>	<b>1,472,123</b>	<b>18,390,076</b>	<b>5,932,099</b>	
<b>Personnel</b>								
International Staff	38,455,422	8,041,602	4,587,046	177,091	46,283	13,548,554	26,400,576	12,054,846
National Staff	20,142,599	4,648,507	2,812,009	54,884	49	4,493,868	12,009,317	8,133,282
National Society Staff	5,537,855	828,770	442,454	1,539,437		454,547	3,265,209	2,272,646
Volunteers	1,070,948	372,628	258,849	33,617		130,707	795,801	275,147
<b>Total Personnel</b>	<b>65,206,824</b>	<b>13,891,508</b>	<b>8,100,357</b>	<b>1,805,029</b>	<b>46,332</b>	<b>18,627,676</b>	<b>42,470,903</b>	<b>22,735,921</b>
<b>Consultants &amp; Professional Fees</b>								
Consultants	3,788,461	1,850,580	15,739		709,177	2,575,495	1,212,966	
Professional Fees	1,505,021	225,007	75,815	260,729		515,639	1,077,191	427,830
<b>Total Consultants &amp; Professional Fe</b>	<b>5,293,482</b>	<b>2,075,587</b>	<b>91,554</b>	<b>260,729</b>	<b>1,224,816</b>	<b>3,652,686</b>	<b>1,640,796</b>	
<b>Workshops &amp; Training</b>								
Workshops & Training	2,745,468	724,670	303,265	57,535	1,625	316,389	1,403,484	1,341,984
<b>Total Workshops &amp; Training</b>	<b>2,745,468</b>	<b>724,670</b>	<b>303,265</b>	<b>57,535</b>	<b>1,625</b>	<b>316,389</b>	<b>1,403,484</b>	<b>1,341,984</b>
<b>General Expenditure</b>								
Travel	2,750,228	1,093,437	214,567	24,909	4,552	895,383	2,232,848	517,379
Information & Public Relations	1,485,374	328,347	71,469	13,743		492,285	905,843	579,531
Office Costs	1,642,893	542,919	279,039	304,596	2,199	1,070,985	2,199,738	-556,845
Communications	1,571,489	186,715	51,960	39,173		620,976	898,825	672,664
Financial Charges	-1,149,978	-739,618	89,886	4,654	-6	-367,483	-1,012,567	-137,411
Other General Expenses	272,098	258,400	67,836	585		39,700	366,520	-94,422

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<b>BUDGET (C)</b>		<b>126,398,497</b>	<b>46,151,222</b>	<b>22,482,445</b>	<b>58,806</b>	<b>52,188,641</b>	<b>247,279,611</b>	
Shared Office and Services Costs	-0	4,419,405	2,276,820	277,137		-7,447,719	-474,357	474,357
<b>Total General Expenditure</b>	<b>6,572,103</b>	<b>6,089,606</b>	<b>3,051,578</b>	<b>664,796</b>	<b>6,745</b>	<b>-4,695,873</b>	<b>5,116,851</b>	<b>1,455,252</b>
<b>Depreciation</b>								
Depreciation and impairment	3,048,454	824,933	843,851	1,183		506,981	2,176,949	871,506
<b>Total Depreciation</b>	<b>3,048,454</b>	<b>824,933</b>	<b>843,851</b>	<b>1,183</b>		<b>506,981</b>	<b>2,176,949</b>	<b>871,506</b>
<b>Contributions &amp; Transfers</b>								
Cash Transfers National Societies	10,047,460	488,695		10,031,986			10,520,681	-473,220
Cash Transfers to 3rd Parties	141,429	193,979	535,168				729,147	-587,718
<b>Total Contributions &amp; Transfers</b>	<b>10,188,889</b>	<b>682,673</b>	<b>535,168</b>	<b>10,031,986</b>			<b>11,249,828</b>	<b>-1,060,939</b>
<b>Operational Provisions</b>								
Operational Provisions	24,697,655	201,738	86,767	210,789		85,154	584,448	24,113,207
<b>Total Operational Provisions</b>	<b>24,697,655</b>	<b>201,738</b>	<b>86,767</b>	<b>210,789</b>		<b>85,154</b>	<b>584,448</b>	<b>24,113,207</b>
<b>Indirect Costs</b>								
Programme & Services Support Recov	13,409,434	6,147,542	1,489,146	951,694	3,556	1,160,441	9,752,378	3,657,056
<b>Total Indirect Costs</b>	<b>13,409,434</b>	<b>6,147,542</b>	<b>1,489,146</b>	<b>951,694</b>	<b>3,556</b>	<b>1,160,441</b>	<b>9,752,378</b>	<b>3,657,056</b>
<b>Pledge Specific Costs</b>								
Pledge Earmarking Fee	325,450	589,981	177,367	24,530	547	9,101	801,527	-476,077
Pledge Reporting Fees	11,500	22,094	13,417	1,980		1,917	39,408	-27,908
<b>Total Pledge Specific Costs</b>	<b>336,950</b>	<b>612,075</b>	<b>190,784</b>	<b>26,510</b>	<b>547</b>	<b>11,018</b>	<b>840,934</b>	<b>-503,984</b>
<b>TOTAL EXPENDITURE (D)</b>	<b>247,279,611</b>	<b>106,365,328</b>	<b>25,873,983</b>	<b>15,619,648</b>	<b>58,805</b>	<b>20,350,166</b>	<b>168,267,929</b>	<b>79,011,682</b>
<b>VARIANCE (C - D)</b>		<b>20,033,169</b>	<b>20,277,239</b>	<b>6,862,797</b>	<b>2</b>	<b>31,838,475</b>	<b>79,011,682</b>	